

**1 Conversion Type**  
(Please choose only one)

Please note that not all conversion scenarios are available for all products. Please consult the appropriate information Folder for valid contract types. If you have any questions please contact CI Client Services at 1-800-563-5181.

Current Contract Number \_\_\_\_\_ New Sun Life Contract Number \_\_\_\_\_

- RSP Contract to a RIF Contract
- LIRA Contract to a LIF Contract
- LIRA Contract to a PRIF Contract
- RLSP Contract to an RLIF Contract\*
- Open Contract to an RSP Contract (for Clarica Portfolio Only)
- RIF Contract to an RSP Contract
- Spousal RIF Contract to a Spousal RSP Contract
- Spousal RSP Contract to a Spousal RIF Contract
- RLIF Contract to an RLSP Contract\* (\*not offered for Clarica Portfolio and SunWise Contracts)
- LIF Contract to an RLIF Contract
- LIRA Contract to a LRIF Contract
- LIF/LRIF Contract to a LIRA Contract

**2 Owner Information**

Mr.  Mrs.  Miss  Ms.  Dr.

**MANDATORY**

Owner's Name (last, first, middle) \_\_\_\_\_

**MANDATORY**

Y Y Y Y / M M / D D

Date of Birth \_\_\_\_\_

**MANDATORY**

Social Insurance Number \_\_\_\_\_

**3 Payment Plan Details**

Complete for conversion from RSP to RIF or LIRA to LIF/LRIF/RLIF/PRIF.

RRIF minimum is the minimum annual payment (MAP) as defined by the *Income Tax Act* for RIF/LIF/LRIF/PRIF/RLIF.

If no date or payment amount is indicated, CI will pay the RIF/LIF/RLIF/RLIF/PRIF minimum during the month of December, and will redeem units proportionately across all funds.

\*For SunWise Elite Plus Contracts, SunWise Essential Series and SunWise Essential Series 2 Income Class Contracts, withdrawals in excess of the annual GWA/LWA or minimum annual payment (MAP) may have a negative impact on future guaranteed payments under the Guaranteed Minimum Withdrawal Benefit for SunWise Elite Plus Contracts and the Guaranteed Lifetime Withdrawal Benefit for SunWise Essential Series and SunWise Essential Series 2 Income Class Contracts.

If you have any questions about this section please contact CI Client Services 1-800-563-5181.

**RRIF/LIF/LRIF/PRIF/RLIF Payment Instructions** (The payment date may be between the 1st and 25th of any month)

Please accept this as my authorization to surrender sufficient units to provide the stated payment (please choose only one)

- The minimum annual payment (MAP) requirements
- The maximum annual gross amount (for LIF/LRIF/RLIF Plans only)
- The annual GWA/LWA (for SunWise Elite Plus, SunWise Essential Series and SunWise Essential Series 2 Income Class contract holders only)
- An annual amount of \$ \_\_\_\_\_  Gross or  Net of fees and withholding taxes\*

I elect the term of RRIF payments be based on  My age  Age of my spouse \_\_\_\_\_  
(CI will default to the "My Age" option if not completed)

Y Y Y Y / M M / D D

(Please provide spouse's date of birth)

**Payment Frequency (Please select only one)**

Monthly  Quarterly  Semi-Annually  Annually

**Payment Start Date**

Y Y Y Y / M M / D D

Fund Code	Surrender Amount \$ or %	Fund Code	Surrender Amount \$ or %

**Payment Method (Please select only one)**

Deposit directly to bank account  Mail to Owner's at address on file  Mail to Owner's alternate address (Indicate address below)

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

**4 Banking Information**

Please attach a void cheque

Withdrawals  Deposit directly to bank account. (You will receive your payment in a more timely manner if you choose this option.)  
I authorize CI to deposit the income payments directly to my bank account as indicated on the Electronic Application or as indicated in Section 3.

Bank Account Owner(s) Name(s) \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Number \_\_\_\_\_

Bank Transit Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

**5 Withholding Tax**

\*To determine the rates available, please visit CI AdvisorOnline at [www.ci.com/advisoronline](http://www.ci.com/advisoronline)

Withholding Tax Rate \_\_\_\_\_% (If the rate specified is less than the legislated minimum rate the minimum rate will apply)

If the rate elected is not supported by CI, CI will round down to the next available rate supported by CI. Federal and Provincial rates for Quebec are pre-determined by CI based on the rate inputted above.\*

**6 LIF/LRIF/PRIF/RLIF Information**

**SPOUSE:** Do you have a spouse or pension partner within the meaning of the applicable pension legislation?  Yes  No

**Note:** If you have a spouse or pension partner within the meaning of the applicable legislation, then the appropriate spousal consent/waiver form must be fully completed and accompany this conversion form.

For a copy of the spousal consent/waiver forms, please visit [www.ci.com](http://www.ci.com), and select "Fund Related Documents" from the "Services" tab. The spousal consent/waiver forms are also available on CI Advisor Online.

**7 Investment Directions**

Only complete for partial conversion or to change the funds held in the new Contract

**Note:** For reclassification requests of SunWise and SunWise Elite contracts please complete the SunWise and SunWise Elite Segregated Funds Service Request. For reclassification requests of SunWise Essential Series and SunWise Essential Series 2 contracts please complete the SunWise Essential Series and SunWise Essential Series 2 Fund Transfers and Reclassifications Order Ticket .

Gross Amount \$ or %	From: Fund Code (Current Contract)	To: Fund Code (New Contract)

**8 Transaction Authorization**

I, the Applicant of this Contract, authorize CI to act upon any written contribution, surrender or exchange request relating to this Contract. I authorize Sun Life Financial Distributors (Canada) Inc., Sun Life Assurance Company of Canada and any of their agents to act upon any contribution, surrender or exchange request relating to this Contract that they receive orally or by telephone or by electronic means, if they reasonably believe that the request was made by me.

**9 Request for Registration and Declaration of Owner/Annuitant**

Complete for all conversion types

I confirm that all other terms and conditions of the Contract will remain the same, including the beneficiary designation. I request that Sun Life Assurance Company of Canada convert the Contract to, and register the Contract as a Registered Retirement Savings Plan (RSP), a Retirement Income Fund (RIF), Life Income Fund (LIF), Locked-in Retirement Fund (LRIF), Prescribed Retirement Income Fund (PRIF) or Restricted Life Income Fund (RLIF), as applicable, under the provisions of the Income Tax Act (Canada) and, if applicable, under any provincial pension legislation. I understand the Contract will be subject to the provisions of said legislation. I declare that I am the owner of the Contract. I understand that as a consequence of registering the Contract as a RIF, LIF, LRIF, PRIF or RLIF, the Contract provides that an income will become payable to me, commencing not later than the last day of the first calendar year following the calendar year in which the conversion to a RIF, LIF, LRIF, PRIF or RLIF, as applicable, becomes effective. The maturity date(s) under my original contract will become the maturity date(s) of the amended contract. The maturity and death guarantees under the amended contract will be set equal to the guarantee under your original contract immediately before the effective date of the contract amendment. For Clarica Portfolio contracts, a contractual conversion from RSP/LIRA to RIF/LIF/LRIF/PRIF/RLIF will reduce the death guarantee from 100% to 75%. For SunWise Essential Series and SunWise Essential Series 2 Income Class contracts the originally elected LWA Income Stream will be maintained. I declare that all statements and answers made by me on this form are complete and true. I have reviewed and confirmed the accuracy of the information recorded in the electronic Investment Application (if applicable). By signing below, I confirm that I have read and agree to the information and provisions indicated above.

**X MANDATORY** \_\_\_\_\_ **MANDATORY**  
 Signature of Owner \_\_\_\_\_ Date **Y Y Y Y / M M / D D**

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of Spouse (Required for Locked-In Plans) \_\_\_\_\_ Signature of Irrevocable Beneficiary (If applicable)

**X MANDATORY** \_\_\_\_\_  
 Signed at (City and Province)

**10 Dealer and Representative Information**

Sun Life Financial Distributors (Canada) Inc. \_\_\_\_\_  
 Dealer's Name \_\_\_\_\_ Representative's Name

3379 - \_\_\_\_\_  
 Dealer - Representative Number

**X MANDATORY** \_\_\_\_\_ **MANDATORY**  
 Representative's Signature \_\_\_\_\_ Date **Y Y Y Y / M M / D D**