



1 Contract Details

Contract Number _____ Distributor's Account Number _____

2 Owner Information

Owner's Name (last, first, middle) _____

Joint Owner's Name (last, first, middle) _____

3 Select Automatic Rebalancing Method

Please indicate, to the right, if the switches made within the Automatic Rebalancing Program should be applied at the Fund Level or the Class Level:

Fund Level Class Level

If a rebalancing option is not indicated, the Automatic Rebalancing service will default to the Fund Level.

Processing Rules for the Automatic Rebalancing Form

FUND LEVEL - Fund specific rebalancing
When rebalancing at the Fund Level, only the Funds listed in the 'Create or Change Your Target Weighting' section will be affected. These Funds will be rebalanced as per the weightings indicated by Class. All other Fund holdings within the Class will remain unchanged.

CLASS LEVEL - Class specific rebalancing
When rebalancing at the Class Level, all holdings in the Class will be affected. All assets in your Class will be switched into only those funds listed in the 'Create or Change Your Target Weighting' section.

Immediate Rebalancing Request (Optional): Please check below.

Upon receipt, please rebalance my Fund holding as per the target weighting indicated in Section 4.

4 Create or Change Your Target Weighting

Please note that rebalancing can only be established between Funds of the same Class. To reclassify units from one Class to another please use the SunWise Essential Series and SunWise Essential Series 2 Fund Transfers and Reclassifications Order Ticket.

- Please note that both the Initial Sales Charge (ISC) and Deferred Sales Charge (DSC) versions of the same Fund are considered the same Fund. Therefore, only one version (either ISC or DSC) needs to be listed with the target weighting. ISC units will be switched to ISC units, and DSC units will be switched to DSC units.
- Rebalancing is not permitted between load types; example: ISC to DSC or DSC to ISC.

Income Class (GLWB) Fund Breakdown		Estate Class Fund Breakdown		Investment Class Fund Breakdown	
Fund Code	%	Fund Code	%	Fund Code	%
Total	100%	Total	100%	Total	100%

5 Select your Variance

Defaults to 2.5%, if no selection is made

- 2.5% 3.0% 3.5% 4.0% 4.5% 5.0% 5.5% 6.0%
- 6.5% 7.0% 7.5% 8.0% 8.5% 9.0% 9.5% 10.0%
- The same variance will be applicable to all Funds and Classes under the rebalancing service.

6 Select your Frequency

*Quarterly = March, June, September and December
*Semi-Annually = June and December

- Monthly Quarterly* Semi-Annually* Annually (month) _____
- On the first Friday of every month, we will review your account to determine if you are scheduled for a rebalance based upon your instructions. If one or more of your Fund holdings varies from your target allocation by more than your selected variance, we will automatically switch your investments back to your requested allocation. There is no fee for this service. The same frequency will be applicable to all Funds and Classes under the rebalancing service.

7 Owner Authorization

**Limited Trading Authorization dated September 2010 or later on file (Not applicable for Sun Life Advisors)

I (We) hereby authorize CI Investments Inc. to automatically rebalance my (our) CI Contract Classes based on the variance and frequency stated above by switching investments to return to my (our) target Fund allocation if one or more Fund holding(s) vary by more than the selected variance. I (We) understand there may be tax implications for these transactions for Non-Registered Plans. Provided a target Fund has a Fund balance greater than zero, the CI Automatic Rebalancing Program will continue unless CI receives instructions to discontinue. If 100% of one or more target Funds within your target allocation are redeemed or switched/transferred from the target Fund mix, your target Fund allocation will be updated and proportionately allocated to the remaining active Funds in your target allocations.

X MANDATORY _____ **Y Y Y Y / M M / D D**
Owner's Signature Date

X MANDATORY _____ **Y Y Y Y / M M / D D**
Joint Owner's Signature Date

Authorized Representative's Signature (as per Limited Trading Authorization if applicable)** **X** _____

8 Representative Authorization

To be completed by the representative

Your signature below confirms you have received instructions from your client and direct us to act on the transaction requested and that you have disclosed the possible effects of the transaction requested to the client.

Representative's Name Dealer and Representative Number

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