



SunWise®, SunWise® Elite including SunWise® Elite Plus,
SunWise® Essential Series and SunWise® Essential Series 2
Non-Financial Change Request Form



Use this form to make changes to a name, Owner(s), beneficiary(ies), address,
banking information and when adding a Joint Annuitant.

<p>1 Contract Number</p>	<p>Contract Number _____ Distributor's Account Number _____</p>												
<p>2 Owner Information</p>	<p>Owner's Name (last, first, middle) _____</p> <p>Joint Owner's Name (last, first, middle) _____</p>												
<p>3 Adding a Joint Annuitant</p> <p>Complete this section to add a Joint Annuitant, either after the contract has been established (prior to the termination of the contract) or along with the Application of a new Contract where the Joint annuitant is someone other than the Joint Owner. Note: Not applicable for SunWise I Contracts.</p> <p>The Annuitant being added must sign in the Client Authorization section of this form. If the Joint Annuitant is under the age of 16 (18 in Quebec) a Parent/Guardian must sign on the Joint Annuitant Signature line in section 10.</p>	<p>By completing this section, you agree to add a Joint Annuitant to your Contract. The Contract Maturity Date will be based on the younger Annuitant and the death benefit cannot be paid until the death of the last surviving annuitant. A Contract can only have a maximum of two Annuitants.</p> <p>MANDATORY</p> <p>Joint Annuitant's Name (last, first, middle) _____</p> <p>MANDATORY</p> <table border="0"> <tr> <td>Annuitant's Address _____</td> <td>City or Town _____</td> <td>Province _____</td> </tr> <tr> <td>Postal Code _____</td> <td>Date of Birth _____</td> <td>Country of Residence _____</td> </tr> <tr> <td></td> <td>Relationship to Owner _____</td> <td></td> </tr> </table>	Annuitant's Address _____	City or Town _____	Province _____	Postal Code _____	Date of Birth _____	Country of Residence _____		Relationship to Owner _____				
Annuitant's Address _____	City or Town _____	Province _____											
Postal Code _____	Date of Birth _____	Country of Residence _____											
	Relationship to Owner _____												
<p>4 Change of Ownership</p> <p>Non-Registered Contracts Only</p> <p>A completed CI AML form is MANDATORY</p> <p>Subrogated Policyholders - Quebec residents only: If you (the Owner) and Joint Owner would like to name each other as subrogated policyholders please check here <input type="checkbox"/></p> <p>By completing this section you, the Owner, transfer all rights of the Contract to the new Owner(s)</p> <p>After completing a full change of Ownership please ensure to complete the beneficiary designation in section 6. If left blank, the beneficiary(ies) will be defaulted to the new Owner(s).</p> <p>Note: For full change of Ownership irrevocable beneficiary(ies) authorization is required (if applicable).</p>	<p>Complete this section to show the new Owner and/or Joint Owner of the contract. Changing the Owner can have tax implications, please consult your advisor and the Information Folder and Individual Variable Annuity Contract including any Supplements for more details.</p> <p><input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Dr. Gender <input type="radio"/> Male <input type="radio"/> Female</p> <p>MANDATORY</p> <p>Owner's Name (last, first, middle) _____</p> <p>MANDATORY</p> <table border="0"> <tr> <td>Owner's Address _____</td> <td>City or Town _____</td> <td>Province _____</td> </tr> <tr> <td>Postal Code _____</td> <td>Country of Residence _____</td> <td>Residence Telephone Number _____</td> </tr> <tr> <td>Date of Birth _____</td> <td>Social Insurance Number (SIN) _____</td> <td>Owner's E-mail Address _____</td> </tr> </table> <p><input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Dr. Gender <input type="radio"/> Male <input type="radio"/> Female</p> <p>MANDATORY</p> <p>Joint Owner's/Beneficial Owner's Name (last, middle, first) _____</p> <table border="0"> <tr> <td>Date of Birth _____</td> <td>Social Insurance Number (SIN) _____</td> <td>Owner's E-mail Address _____</td> </tr> </table> <p>Joint Ownership Information</p> <p>Joint Ownership Type:</p> <p><input type="radio"/> Joint Owners with Right of Survivorship (not applicable in Quebec)</p> <p><input type="radio"/> Joint Owners</p> <p>Signing Authority:</p> <p><input type="radio"/> Only one signature required</p> <p>NOTE: If not selected both signatures are required.</p>	Owner's Address _____	City or Town _____	Province _____	Postal Code _____	Country of Residence _____	Residence Telephone Number _____	Date of Birth _____	Social Insurance Number (SIN) _____	Owner's E-mail Address _____	Date of Birth _____	Social Insurance Number (SIN) _____	Owner's E-mail Address _____
Owner's Address _____	City or Town _____	Province _____											
Postal Code _____	Country of Residence _____	Residence Telephone Number _____											
Date of Birth _____	Social Insurance Number (SIN) _____	Owner's E-mail Address _____											
Date of Birth _____	Social Insurance Number (SIN) _____	Owner's E-mail Address _____											

5 Successor Owner

Optional - For Non-Registered Contracts only

This section should only be completed in situations where the Annuitant is not the Owner.

Mr. Mrs. Miss Ms. Dr. **Gender** Male Female

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

Address City or Town Province
YYYY/MM/DD
MANDATORY

Postal Code Date of Birth Relationship to Owner

6 Beneficiary Change

*Relationship of the beneficiary is to the Annuitant in all provinces excluding Quebec. In Quebec, the relationship is to the Owner.

For Contracts signed in Quebec, the designation of a spouse (married or civil union) as beneficiary is irrevocable unless the Owner checks revocable here:

revocable

If the beneficiary(ies) predecease(s) the Annuitant, or if applicable, the last surviving Annuitant in the case of joint Annuitants, a contingent beneficiary for that beneficiary's share, if still alive at the death of the Annuitant, shall receive that beneficiary's share of the death benefit. If no contingent beneficiary for that share is named or is alive at that time, that share shall be payable to the Owner or if the Owner was the Annuitant, to the estate of the deceased Owner.

For SunWise Essential Series or SunWise Essential Series 2 RSP/LIRA/RLSP and RIF/LIF/LRIF Contracts with Income Class Units and a Two-Life Income Stream, the spouse must be named as the sole primary beneficiary. If someone other than the spouse is named beneficiary, this will result in the cancellation of the LWA payments upon the death of the Owner/Annuitant.

By completing this section you, the Owner, cancel and replace all previous beneficiary designations. Your new designation must include all intended primary and contingent beneficiaries that will apply to your contract.

Primary Beneficiary Name(s)	Relationship *	Share (%)	Contingent Beneficiary Name(s) (for the adjacent share)	Relationship*
	Total	100%		

I have attached a letter of direction with additional/alternate/irrevocable beneficiary instructions.

7 Changing a Name

Use this section to make a name change.

Please ensure to attach legal documentation for the change of name

*Applicable for SunWise Essential Series and SunWise Essential Series 2 Income Class only.

Indicate the person whose name is changing:

Owner Successor Owner Joint Annuitant
 Joint Owner Annuitant Second Life*

Indicate the reason for the change of name:

Marriage Adoption
 Divorce Other _____
(please specify)

Previous Name (last, first, middle)

New Name (last, first, middle) Mr. Mrs. Miss Ms. Dr.

8 Change of Address, Owner(s) Contact Information

Indicate the person whose address is changing:

Owner Successor Owner Joint Owner Annuitant

Residence address (street number, name, apartment or suite)

City Province Postal Code Country of Residency

Home Phone Business Phone Email Address

9 Change of Banking Information

Please ensure to include a void cheque.

Specify if you are changing the banking information for your systematic plan: PACs AWDs All

Bank Account Owner(s) Name(s) _____ Bank Name _____

Bank Number _____ Bank Transit Number _____ Bank Account Number _____

X _____ **Y Y Y Y / M M / D D**
Signature(s) _____ Date _____

Signature required if Depositor(s) is (are) other than the Owner(s) of this Plan. For joint bank accounts, all Depositors must sign if more than one signature is required on cheques issued against the account. By signing you confirm the banking information provided and that you have read and agree to the PAC terms and conditions outlined at the end of this form.

10 Owner Authorization

*Parent/Guardian Signature is only required for In Trust For contracts where the Beneficial Owner is under the age of 16 (18 for Quebec).

X MANDATORY _____ **X MANDATORY** _____
Owner's Signature _____ New Owner's Signature _____

X MANDATORY _____ **X MANDATORY** _____
Joint Owner's Signature _____ New Joint Owner's Signature _____

X _____
Parent/Guardian Signature* _____

X MANDATORY _____
Joint Annuitant's Signature (only required when adding a Joint Annuitant) _____

X _____
Irrevocable Beneficiary's Signature (if applicable) _____
Y Y Y Y / M M / D D
Date _____

11 Representative Authorization

To be completed by the representative.

Representative's Name _____ Dealer and Representative Number _____

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

Pre-Authorized Chequing Plans (PAC) Terms and Conditions

- By signing this form, you hereby waive any pre-notification requirements as specified by section 15(a) and (b) of the Canadian Payments Association (CPA) Rule H1 with regards to PACs
- If you have indicated on the form that you want to make regular deposits using a PAC, you authorize CI Investments Inc. (CI) on behalf of Sun Life to debit the bank account provided for the specified amount(s) and in the frequencies selected.
- If this is for your own personal investment, your debit will be considered a Personal Pre-authorized debit agreement (PAD) by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAD. Monies transferred between CPA members will be considered a Funds Transfer PAD.
- You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC agreement. To obtain more information on your recourse rights, you may contact your financial institution, CI or visit www.cdnpay.ca.
- You may change these instructions or cancel this plan at any time, subject to providing CI notice of at least 48 hours prior to the next PAC run date. To obtain a sample cancellation form, or for more information on your right to cancel a PAC agreement, you may contact your financial institution, CI or visit the Canadian Payments Association website at www.cdnpay.ca. You agree to release the financial institution and CI of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution or CI.
- CI is authorized to accept changes to this agreement from your registered dealer or your financial advisor in accordance with the policies of that company, in accordance with the disclosure and authorization requirements of the CPA.
- You agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for PACs.
- You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.
- You confirm that all persons whose signatures are required to authorize transactions in the bank account provided have read and agreed to these terms and signed this form.