



SunWise® Essential Series 2
Purchase/ Pre-Authorized Chequing Plan Order Ticket



Use this form for subsequent Deposits or to establish a PAC.

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 Subsequent Deposit or PAC Instructions

Class	Contract Guarantee	Death Guarantee
Income	75%	100%
Estate	75%	100%
Investment	75%	75%

The Third Party Determination on the CI AML form or form 4830 or 4831 for Sun Life Financial Advisors is **mandatory, on Non-Registered Plans**, where a third party is involved with this Contract, or if a third party will pay for this Contract or have the use of, or access to, the Contract value.

Note: Clients holding locked-in income plans such as a life income fund (LIF), locked-in retirement income fund (LRIF) or restricted life income fund (RLIF) contracts **may not be able to receive their full lifetime withdrawal amount** if it exceeds the maximum annual payment permitted under pension legislation. If clients meet the eligibility requirements, they can receive the full lifetime withdrawal amount, by electing the life annuity payment option.

Additional deposits, including transfers are not permitted once the life annuity payment option has been elected.

- Cheque in the amount of \$ AMOUNT _____
- Transfer \$ AMOUNT _____ from another financial institution INSTITUTION NAME _____ (T2033/T2151/TD2 attached)
- Transfer \$ AMOUNT _____ from an existing CI account CI ACCOUNT NUMBER _____

Fund Code	Initial Sales Charge (if applicable)	Gross Amount \$ or %	PAC Amount \$ or %	Wire Order No.	Fund Code	Initial Sales Charge (if applicable)	Gross Amount \$ or %	PAC Amount \$ or %	Wire Order No.

4 Pre-Authorized Chequing (PAC) Plan

Please ensure to also complete the banking information in the section below.

PAC amount \$ _____ (minimum requirement of \$50 a month per fund, \$5000 for PIM)

Payment Frequency (please select only one)

- Weekly Bi-weekly Monthly Bi-monthly
- Quarterly Semi-Annually Annually

Payment Start Date

_____ Y Y Y Y / M M / D D

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 below and that you have read and agree to the PAC terms and conditions outlined on the next page of this form.

5 Banking Information

If completing this section the Owner(s) signature is mandatory in the Owner Authorization section of this form.

Please ensure to include a void cheque.

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

Bank Number _____ Bank Transit Number _____ Bank Account Number _____

6 Income Class Details

The details in this section must be completed when purchasing Income Class units for the first time via Deposit or PAC.

*Spouse has the meaning as defined in the *Income Tax Act*. The spouse must sign in the Client Authorization Section of this form.

LWA Income Stream: An LWA Income Stream must be elected at the time of the first deposit into Income Class and may not be changed.

- One-Life Income Stream** (for Non-Registered Joint Annuitant Contracts please specify below the name of the Annuitant whose age will be used in determining income stream payments).
- Two-Life Income Stream** (for Two-Life Income Stream the Second Life must be the Annuitant's spouse* and the Joint Annuitant on a Non-Registered Contract. For Registered Contracts, spousal details must be provided below).

Please complete the information below for Non-Registered Joint Annuitant Contracts electing the One-Life Income Stream or for Registered Contracts electing the Two-Life Income Stream.

Gender Male Female

MANDATORY

Name (last, first, middle) _____

YYYY/MM/DD

MANDATORY

Date of Birth

MANDATORY

Social Insurance Number (SIN)

MANDATORY

Country of Residency

7 LWA Protection Service

CI will add the LWA Protection Service to ensure that withdrawals in your Income Class do not exceed your LWA.

To remove this service please check here

8 Owner Authorization

A Client signature is mandatory when establishing a new PAC.

*Required when establishing your first deposit into Income Class Units on a Registered Plan. The Second Life must be the spouse of the annuitant.

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

I/We hereby authorize CI Investments to buy units in accordance with the instructions set out on this form.

For Pre-Authorized Chequing (PAC) Plans: By signing you confirm that you have read and agreed to the PAC Terms and Conditions at the end of this form.

X MANDATORY

Owner's Signature

YYYY / MM / DD

Date

X MANDATORY

Joint Owner's Signature

YYYY / MM / DD

Date

Second Life's Signature (must be the spouse of the Annuitant)* **X**

YYYY / MM / DD

Date

X

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

9 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 trade to the client.
- understand where a client disputes a transaction, all market risk or cost of a trade reversal will be the responsibility of the representative where client signature has not been obtained.

Representative's Name

Dealer and Representative Number

MANDATORY

Representative's Signature

YYYY / MM / DD

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.

1. Any amount paid with the SunWise Essential Series 2 Purchase/Pre-Authorized Chequing Plan Order Ticket must be made payable to: CI Investments Inc (For Sun Life Advisors, cheques must be made payable to Sun Life Financial).