



SunWise® & SunWise Elite® Including SunWise Elite Plus®
 Segregated Funds Registered Transfer Form
 NOT TO BE USED FOR AN INITIAL TRANSFER TO SWE PLUS (GMWB)



1 Transfer Type
 (Please choose only one)

Current Contract Number _____

Transfer RSP Contract to a RIF Contract Transfer LIRA Contract to a LRIF Contract Transfer LIF/LRIF Contract to a LIRA Contract
 Transfer LIRA Contract to a LIF Contract Transfer RIF Contract to a RSP Contract Transfer Spousal RSP Contract to a Spousal RIF Contract
 Transfer LIRA Contract to a PRIF Contract Transfer LIF Contract to a RLIF Contract Transfer Spousal RIF Contract to a Spousal RSP Contract
 Transfer RLSP Contract to a RLIF Contract Transfer RLIF Contract to a RLSP Contract

2 Owner Information

Mr. Mrs. Miss Ms. Dr.

MANDATORY Surname MANDATORY First Name MANDATORY Date of Birth (YYYY/MM/DD) MANDATORY Social Insurance Number

3 Distributor Information

MANDATORY Distribution Number MANDATORY Representation Number MANDATORY Distribution Name

Representative Name Representative Signature

X MANDATORY

4 Complete for Transfer from RSP to RIF or LIRA to LIF/LRIF/PRIF or RLSP to RLIF

4a Plan Payment Details
 (The payment date may be between the 1st and 25th of any month)

Please accept this authorization to surrender sufficient units to provide the following payment (please choose only one):

The minimum annual payment (MAP) requirement (**Payment will begin in the first full calendar year following the initial investment**)
 The maximum annual gross amount (**for LIF, RLIF and LRIF plans only**)*
 The Annual Guaranteed Withdrawal Amount (**GWA**) /Lifetime Withdrawal Amount (**LWA**) - For SunWise Elite Plus Contracts Only
 An annual amount of \$ _____ Gross **OR** Net of fees and withholding taxes*

(*Withdrawals in excess of the annual (GWA /LWA) may have a negative impact on future guaranteed payments under the Guaranteed Minimum Withdrawal Benefit.)

Start Date: _____ YYYY/MM/DD Frequency: Monthly Quarterly Semi-Annually Annually

(If no date or payment amount is specified, CI will pay out the RIF/LIF/LRIF/PRIF/RLIF MAP during the month of December and will redeem units proportionately across all Funds.)

I elect the minimum annual amount to be based on: My age _____ YYYY/MM/DD **OR** Age of my spouse _____ YYYY/MM/DD

| Fund Name | Fund Code | Surrender Amount | or | Percent |
|-----------|-----------|------------------|----|---------|
| | | \$ | | % |
| | | \$ | | % |
| | | \$ | | % |
| | | \$ | | % |

4b Banking Information
 Please attach a void cheque here

Bank Account Owner(s) Name(s) Bank Number Transit Number Name of Financial Institution

Account Number Address

4c LIF/LRIF 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, and select "Fund Related Documents" from the "Services" tab. The spousal consent/waiver forms are also available on CI Advisor Online.

5 Investment Section

(Only complete for Partial Transfers or if Investments in New Contract are Different than Current Contract)

| Premium Amount (\$ OR % Please Check one) | From: Fund Name (Current Contract) | Fund Code | To: Fund Name (New Contract) | Fund Code |
|--|---------------------------------------|-----------|---------------------------------|-----------|
| <input type="radio"/> \$ <input type="radio"/> % | | | | |
| <input type="radio"/> \$ <input type="radio"/> % | | | | |
| | | | | |
| <input type="radio"/> \$ <input type="radio"/> % | | | | |
| <input type="radio"/> \$ <input type="radio"/> % | | | | |

6 Request for Registration and Declaration of Owner/Annuitant

(Complete for All Transfer 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), Restricted Life Income Fund (RLIF), Restricted Locked-in Savings Plan (RLSP), Locked-in Retirement Fund (LRIF) or Prescribed Retirement Income Fund (PRIF), 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 or a LIF, the Contract provides that an income will become payable there under, commencing not later than the last day of the first calendar year following the calendar year in which the conversion to a RIF or LIF, as applicable, becomes effective.

MANDATORY

Signature of Owner

YYYY/MM/DD

Date:

MANDATORY

Signature of Spouse (Required for Locked-In Plans)

MANDATORY

Signature of Irrevocable Beneficiary (if applicable)