

# Application for a Payout Annuity

## Instructions for the advisor

- Use this application to apply for a Payout Annuity product offered by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.
- Ensure the policyholder(s) and annuitant(s) are Canadian residents under Canadian tax legislation. We will only issue a policy if the policyholder(s) and annuitant(s) qualify as Canadian residents. Exception: If a non-resident has an existing policy with Sun Life and it contains a contractual right to purchase a payout annuity. In these situations, please contact head office before filling out the application, as special AML processing applies and the requirements need to be explained.
- We will only accept original signatures.
- If using any external funds, you must start the transfer process.
- If your client is using non-registered funds:
  - Please complete Section O. If the policyholder is not a person, please attach a completed 'Identity verification, third party determination and politically exposed foreign persons (PEFP) form (Investments and Wealth)' (E4105) instead of completing Section O.
  - A person acting under a Power of Attorney is required to answer 'yes' to the Third party determination question in Section O.
- If the policyholder is a company, a Certificate of incumbency (E4207) and required corporate documents must be attached to the application.
- If an annuitant is not a policyholder please ensure the annuitant's signature is obtained in Section Q.
- If your client is using locked-in funds:
  - Ensure they understand how the applicable pension legislation defines a spouse.
  - Include the spousal waiver form the applicable legislation requires when the application is for a:
    - Joint life annuity where income will reduce to less than the minimum the applicable legislation allows
    - Life annuity where the policyholder has a spouse (as defined in the applicable pension legislation)
- If your client is purchasing a life annuity with no guaranteed period, they must sign in Section P.
- Write the policy number on all correspondence (you'll receive the policy number when you confirm the sale).
- If this policy is sold using the Lifetime Gift Annuity concept please indicate this in Section R.
- Attach:
  - A personalized cheque marked VOID or a direct deposit form obtained from the client's bank.
  - The illustration(s) you prepared for the client.
  - If using locked-in funds and it is required, the spousal waiver form required by applicable legislation.

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# Application for a Payout Annuity



This application is for a Payout Annuity to be issued by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Policy # RP -
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**A Annuitant information** (If Section C is not completed, the annuitant is the policyholder)

**Specify status:** (check one only)  
 Annuitant only     Annuitant and policyholder

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms	First name	Middle name	Last name	
Mailing address (street number and name)		Apt./unit/suite	City	Province    Postal code
Home phone number	Business phone number	SIN (required for tax reporting purposes)		
E-mail address	Date of birth (dd-mm-yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female	

If the annuitant has a policy with Sun Life Assurance Company of Canada please provide the number \_\_\_\_\_.

**B Joint annuitant and/or joint policyholder information** (Complete if applying for a joint life annuity or if the policy is jointly owned)

Specify relationship to annuitant:     Spouse     Other - please specify \_\_\_\_\_

**Specify status:** (check one only)  
 Joint annuitant only     Joint policyholder only     Joint policyholder and joint annuitant

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms	First name	Middle name	Last name	
Mailing address (street number and name)		Apt./unit/suite	City	Province    Postal code
Home phone number	Business phone number	SIN (complete if a joint or contingent policyholder* - required for tax reporting purposes)		
E-mail address	Date of birth (dd-mm-yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female	

\*Any reference to a contingent policyholder includes a subrogated policyholder in Quebec.

If the joint annuitant or joint policyholder has a policy with Sun Life Assurance Company of Canada please provide the number \_\_\_\_\_.

If the funds are registered:

- The joint annuitant must be the spouse.
- Upon the death of the primary annuitant, the joint annuitant will automatically assume ownership of the policy and may exercise all ownership rights including the right to designate a beneficiary.

If the funds are non-registered:

- If there are **joint policyholders**, each will be considered the contingent policyholder for the other unless specified otherwise in Section D. The contingent policyholder can be changed at any time.
- If there are joint annuitants (who are not joint policyholders), the surviving joint annuitant does not become the owner of the policy on the death of the owner unless that person is also the contingent policyholder specified in Section D. The contingent policyholder can be changed at any time.

**Please send original only.**

For SLF use: 3318-E
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**C Policyholder** (Complete if the policyholder is NOT the annuitant and the funds are from a non-registered source)

Specify relationship to annuitant:  Spouse/child/parent  Other – please specify \_\_\_\_\_

Specific status (complete one only): \_\_\_\_\_

<input type="checkbox"/> <b>Individual/sole proprietor*</b> *If a sole proprietor is purchasing the annuity, it must be set up in the name of the sole proprietor and not in the business name.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	First name	Middle name	Last name	
	<input type="checkbox"/> Miss <input type="checkbox"/> Ms	Mailing address (street number and name)			Apt./unit/suite
	City		Province	Postal code	
	Home phone number - -	Business phone number - -	SIN (required for tax reporting purposes)		
	E-mail address		Date of birth (dd-mm-yyyy) - -	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> <b>Company</b> – Specify type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Not for profit entity <input type="checkbox"/> Other non-corporate entity – please specify _____	Name				
	Principal business		Business Identification number (i.e. CRA Number)		
	Mailing address (street number and name)				
	City		Province	Postal code	

If the policyholder has a policy with Sun Life Assurance Company of Canada please provide the number \_\_\_\_\_.

**D Contingent policyholder(s)** (Complete when any funds are from a non-registered funds source)

Complete for non-registered funds and:

- A policyholder is an individual and not the annuitant, or
- The application is for a joint life annuity or joint term certain annuity.

If the policyholder dies, the contingent policyholder assumes ownership rights of the deceased policyholder.

Policyholder first name	Last name	Relationship to policyholder
Contingent policyholder first name	Last name	Relationship to policyholder

Policyholder first name	Last name	Relationship to policyholder
Contingent policyholder first name	Last name	Relationship to policyholder

## E Beneficiary(ies)

You can appoint a beneficiary(ies), however, applicable legislation will govern who may receive any death benefit.

An annuitant (unless also a policyholder) cannot appoint a beneficiary(ies). If a beneficiary designation is not provided, the policyholder(s) at the time of the death of the last surviving annuitant will receive the death benefit.

You can change the person(s) you name as your beneficiary(ies) without their consent unless you indicate in Section K, Special instructions or in a future beneficiary appointment, that the designation is irrevocable.

**For a joint life annuity**, do not name your joint annuitant as a beneficiary.

If you purchase an integrated temporary life annuity with a guaranteed period in combination with a joint life annuity you must appoint a beneficiary for each annuity. The beneficiary for the joint life annuity should be identified in the section below. The beneficiary for the temporary life annuity should be identified in Section K, Special instructions.

In Quebec,

- If you name your legal spouse (married or civil union) as the beneficiary, this designation will be irrevocable unless you check this box:  Revocable
  - Any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian of the minor child.
- Estate of annuitant (applies to a life annuity or term certain annuity)
- Estate of last surviving annuitant (applies to joint life annuity only)
- As indicated below

Beneficiary on death of annuitant(s)	Relationship to annuitant(s)	Share (%)*	Secondary beneficiary for this share**	Relationship to annuitant(s)

\* If the share percentage column is left blank, beneficiaries will share the benefits equally.

\*\* If the beneficiary dies before the last surviving annuitant, the secondary beneficiary will receive that share of the death benefit. If there is no surviving beneficiary or secondary beneficiary for a share of a death benefit, that share will be payable to the policyholder.

### Trustee for a minor beneficiary (Not applicable in Quebec)

In all provinces other than Quebec, if you designate minor children as beneficiaries, you should also name a trustee to receive funds on their behalf.

I authorize the trustee to receive any payments on behalf of the beneficiary(ies) while under the age of majority and to apply the proceeds solely for the support, maintenance, education and benefit of such beneficiary(ies) at the discretion of the trustee.

First name of Trustee	Middle name	Last name
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**OR**

Name of company
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## F Annuity details

Illustration #

(Please attach a copy of the illustration.)

### 1. Annuity type

- Term certain annuity**, payable for \_\_\_\_\_ years (not available for locked-in funds)
- Life annuity**, guaranteed for \_\_\_\_\_ years
- Temporary life annuity**  
Payable for \_\_\_\_\_ years \_\_\_\_\_ months and guaranteed for \_\_\_\_\_ years \_\_\_\_\_ months  
To be integrated with:  OAS  CPP  QPP

- Joint life annuity**, guaranteed for \_\_\_\_\_ years: (please select one of the following)

- Payments with no reduction on death.
- Payments reduce to \_\_\_\_\_ % on the death of:
- Annuitant
  - Joint annuitant
  - Either annuitant

If the death of the annuitant selected above occurs during the guaranteed period, the income reduction will take effect at the end of the guaranteed period.

- Temporary joint life annuity:**

Payable for \_\_\_\_\_ years \_\_\_\_\_ months and guaranteed for \_\_\_\_\_ years \_\_\_\_\_ months  
To be integrated with:  OAS  CPP  QPP

For **life** or **term certain RRSP annuity**, specify spouse's date of birth if it is to be used when determining the guaranteed period:

Date of birth (dd-mm-yyyy)

Note: Please provide proof of age for spouse in Section N.

### 2. Annuity payment start date

Date (dd-mm-yyyy)

### 3. Payment frequency

- Monthly  Quarterly  Semi-annually  Annually

### 4. Annual increase (1% - 4%) \_\_\_\_\_ %

### 5. Special rates

Is there an age rating?  Yes Underwriting reference # \_\_\_\_\_

**Note:** The **purchase date** is the date our head office receives your completed application and all of the funds. It is also the date the terms of this Contract go into effect.

**G Source of funds**

Minimum premium is \$5,000. The contract will go into effect on the date our head office receives your completed application and all of the funds.

**Cheque** (applicable when funds are from a non-registered source)  
 Cheque included with application  Yes  No

**External**

Transferring company	Registration type (check one only)	Pension jurisdiction (for RPP and locked-in money)	Approximate value
	<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP* <input type="checkbox"/> RRSP (locked-in) <input type="checkbox"/> LIRA <input type="checkbox"/> DPSP <input type="checkbox"/> RRIF <input type="checkbox"/> LIF <input type="checkbox"/> LRIF <input type="checkbox"/> RPP <input type="checkbox"/> Other (please specify) _____		\$
	<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP* <input type="checkbox"/> RRSP (locked-in) <input type="checkbox"/> LIRA <input type="checkbox"/> DPSP <input type="checkbox"/> RRIF <input type="checkbox"/> LIF <input type="checkbox"/> LRIF <input type="checkbox"/> RPP <input type="checkbox"/> Other (please specify) _____		\$
	<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP* <input type="checkbox"/> RRSP (locked-in) <input type="checkbox"/> LIRA <input type="checkbox"/> DPSP <input type="checkbox"/> RRIF <input type="checkbox"/> LIF <input type="checkbox"/> LRIF <input type="checkbox"/> RPP <input type="checkbox"/> Other (please specify) _____		\$

\*Spousal Retirement Savings Plan: If this is a Spousal RSP please complete

Spousal contributor first name	Last name
SIN (required for tax reporting purposes)	Date of last spousal contribution (dd-mm-yyyy)

**Internal: Individual life insurance**

Policy/account no.	Registration type (check one only)	Proceeds	Approximate value	Maturity date or transfer date (dd-mm-yyyy)
	<input type="checkbox"/> Registered <input type="checkbox"/> Non-registered	<input type="checkbox"/> Full <input type="checkbox"/> Partial	\$	- -
	<input type="checkbox"/> Registered <input type="checkbox"/> Non-registered	<input type="checkbox"/> Full <input type="checkbox"/> Partial	\$	- -

Signature of preferred or irrevocable beneficiary (if applicable). Required to release interest in the above policy(ies).

I release my interest in policy number(s)	First name	Last name	Signature X
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**Internal: Individual wealth management**

Policy/account no.	Registration type (check one only)	Proceeds	Approximate value	Maturity date or transfer date (dd-mm-yyyy)
	<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP* <input type="checkbox"/> RRSP (locked-in) <input type="checkbox"/> LIRA <input type="checkbox"/> DPSP <input type="checkbox"/> RRIF <input type="checkbox"/> LIF <input type="checkbox"/> LRIF <input type="checkbox"/> RPP <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Full <input type="checkbox"/> Partial	\$	- -
	<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP* <input type="checkbox"/> RRSP (locked-in) <input type="checkbox"/> LIRA <input type="checkbox"/> DPSP <input type="checkbox"/> RRIF <input type="checkbox"/> LIF <input type="checkbox"/> LRIF <input type="checkbox"/> RPP <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Full <input type="checkbox"/> Partial	\$	- -
	<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP* <input type="checkbox"/> RRSP (locked-in) <input type="checkbox"/> LIRA <input type="checkbox"/> DPSP <input type="checkbox"/> RRIF <input type="checkbox"/> LIF <input type="checkbox"/> LRIF <input type="checkbox"/> RPP <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Full <input type="checkbox"/> Partial	\$	- -
	<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP* <input type="checkbox"/> RRSP (locked-in) <input type="checkbox"/> LIRA <input type="checkbox"/> DPSP <input type="checkbox"/> RRIF <input type="checkbox"/> LIF <input type="checkbox"/> LRIF <input type="checkbox"/> RPP <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Full <input type="checkbox"/> Partial	\$	- -

**G Source of funds** (continued)

\*Spousal Retirement Savings Plan: If this is a Spousal RSP please complete

Spousal contributor first name	Last name
SIN (required for tax reporting purposes)	Date of last spousal contribution (dd-mm-yyyy)

**Note:** If the funds are coming from a RRIF, LIF or LRIF, the remaining balance of the legislated annual minimum, if any, must be paid prior to transfer. Please reduce the approximate value by any remaining legislated annual minimum.

**Signature of preferred or irrevocable beneficiary (if applicable).** Required to release interest in the above policy(ies).

I release my interest in policy number(s)	First name	Last name	Signature X
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**Internal: Pension and group savings**

Policy/account no.

Client ID (Plan reference ID)	ID/Participant no. (Member reference ID)	Registration type (check one only)	Pension jurisdiction (for RPP and locked-in money)	Proceeds	Approximate value
		<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP (locked-in) <input type="checkbox"/> RRIF <input type="checkbox"/> LIF <input type="checkbox"/> LRIF <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> DPSP <input type="checkbox"/> RPP	<input type="checkbox"/> Spousal RRSP* <input type="checkbox"/> DPSP <input type="checkbox"/> RPP	<input type="checkbox"/> Full <input type="checkbox"/> Partial \$
		<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP (locked-in) <input type="checkbox"/> RRIF <input type="checkbox"/> LIF <input type="checkbox"/> LRIF <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> DPSP <input type="checkbox"/> RPP	<input type="checkbox"/> Spousal RRSP* <input type="checkbox"/> DPSP <input type="checkbox"/> RPP	<input type="checkbox"/> Full <input type="checkbox"/> Partial \$
		<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP (locked-in) <input type="checkbox"/> RRIF <input type="checkbox"/> LIF <input type="checkbox"/> LRIF <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> DPSP <input type="checkbox"/> RPP	<input type="checkbox"/> Spousal RRSP* <input type="checkbox"/> DPSP <input type="checkbox"/> RPP	<input type="checkbox"/> Full <input type="checkbox"/> Partial \$
		<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP (locked-in) <input type="checkbox"/> RRIF <input type="checkbox"/> LIF <input type="checkbox"/> LRIF <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> DPSP <input type="checkbox"/> RPP	<input type="checkbox"/> Spousal RRSP* <input type="checkbox"/> DPSP <input type="checkbox"/> RPP	<input type="checkbox"/> Full <input type="checkbox"/> Partial \$

\*Spousal Retirement Savings Plan: If this is a Spousal RSP please complete

Spousal contributor first name	Last name
SIN (required for tax reporting purposes)	Date of last spousal contribution (dd-mm-yyyy)

**Note:** If the funds are coming from a RRIF, LIF or LRIF, the remaining balance of the legislated annual minimum, if any, must be paid prior to transfer. Please reduce the approximate value by any remaining legislated annual minimum.

**Signature of preferred or irrevocable beneficiary (if applicable).** Required to release interest in the above policy(ies).

I release my interest in policy number(s)	First name	Last name	Signature X
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**Death proceeds**

- Internal policy number: Policy # \_\_\_\_\_
- External cheque from estate

**Note:** If this policy is being funded by proceeds from an estate, we require a copy of the will.

## H Spousal declaration (Complete when any funds are from a locked-in source)

Some pension legislation gives a spouse or pension partner special rights. In a few situations (listed below) your spouse or pension partner must waive these rights before we can issue a policy and begin payments. The definition of spouse or pension partner depends on the pension legislation that applies to the funds being used to purchase this annuity. Before completing this section, please confirm if you have or do not have a spouse or pension partner according to the applicable pension legislation.

**I have a spouse or pension partner and am applying for a:**

- Joint life annuity and have chosen to have income reduce to an amount less than is allowed by the applicable legislation OR
- Life annuity

I declare I have a spouse or pension partner (as defined in applicable legislation) and I have included a waiver of spousal pension benefits form or spousal consent form.

*Each pension jurisdiction has its own waiver of spousal benefits form or spousal consent form. Please submit the form required by the applicable pension legislation.*

**I do not have a spouse or pension partner**

I declare I do not have a spouse or pension partner (as defined in applicable legislation) so a waiver of spousal pension benefits form or spousal consent form is not required.

I understand I may be required by the applicable pension legislation to provide a waiver of spousal pension benefits if I have a spouse or pension partner when payments begin.

Note: Should your spousal status change prior to the start of income payments, please notify us.

Policyholder signature

X

## I Payment information

### Payee

**Policyholder(s)**

For non-registered policies with accrual taxation, the following payee selections are available:

**Policyholder(s)**

**Annuitant**

**Annuitant while living, then the joint annuitant (if applicable)**

**To another payee:**

If the "To another payee" is selected, complete the:

- Section below
- Third party determination section of Section O.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms	First name	Middle name	Last name
Mailing address (street number and name)		Apt./unit/suite	City
Province	Postal code	Relationship to policyholder	

**I | Payment information (continued)****Payment method** **Electronic funds transfer (EFT)**

**Note:** A personalized cheque marked VOID or a direct deposit form obtained from your bank must be attached to confirm banking information.

I authorize the company to deposit payments directly into the account indicated. I understand I may change or terminate this authorization by giving the company ten days' notice in a form acceptable to the company.

 **Cheque (for annual frequencies)** **To another policy (issued by Sun Life Assurance Company of Canada)**

Policy #	Policyholder first name	Last name	<input type="checkbox"/> All <input type="checkbox"/> \$ _____
Policy #	Policyholder first name	Last name	<input type="checkbox"/> All <input type="checkbox"/> \$ _____

The payment method can be changed at any time.

**J | Optional withholding tax****Optional tax to be withheld:**

Federal \_\_\_\_\_% (to be withheld in addition to the tax that must be withheld for locked-in funds and DPSP)

Provincial (Quebec only) \_\_\_\_\_% (to be withheld in addition to the tax that must be withheld for locked-in funds and DPSP)

We will assume the basic personal tax credit will be the only eligible tax credit when withholding tax is required (locked-in funds and DPSP) and you do not complete the TD1 (federal and provincial form) and the Quebec Source Deductions Return (TP-1015.3). If you are over age 65 we will also apply the Age amount personal tax credit.

**K | Special instructions**

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**L | Correspondence**

Preferred language  English  French

**For Quebec applications:**

I/We request that all documents delivered to me/us in connection with this policy be written in English.  
Je/Nous demande(ons) que tous les documents qui me/nous sont remis avec cette police soient rédigés en anglais.

**M | Sun Life Financial Privacy Statement for Canada**

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives, distribution partners (such as advisors and their companies) and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our Privacy Policy, visit our website at [www.sunlife.ca](http://www.sunlife.ca), or to obtain information about our privacy practices, send a written request by e-mail to [privacyofficer@sunlife.com](mailto:privacyofficer@sunlife.com), or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

## N Proof of age

Attach a copy of one of the proof of age documents listed below. If a copy is not attached, provide the registration number or the issue date and the country/province of issue of the document(s).

### Proof of age – Annuitant

<input type="checkbox"/> Canadian, U.S.A. or U.K. birth certificate	<input type="checkbox"/> Canadian citizenship	<input type="checkbox"/> Current Canadian passport	<input type="checkbox"/> Current passport (other country)	<input type="checkbox"/> Baptismal certificate
<input type="checkbox"/> Canadian, U.S.A. or U.K. driver's licence	<input type="checkbox"/> Age of majority	<input type="checkbox"/> Hospital certificate of birth	<input type="checkbox"/> Indian status card	
<input type="checkbox"/> Other – please describe				
Copy attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration number OR	Date of issue (dd-mm-yyyy) – –	Country/province of issue	

### Proof of age – Joint annuitant

<input type="checkbox"/> Canadian, U.S.A. or U.K. birth certificate	<input type="checkbox"/> Canadian citizenship	<input type="checkbox"/> Current Canadian passport	<input type="checkbox"/> Current passport (other country)	<input type="checkbox"/> Baptismal certificate
<input type="checkbox"/> Canadian, U.S.A. or U.K. driver's licence	<input type="checkbox"/> Age of majority	<input type="checkbox"/> Hospital certificate of birth	<input type="checkbox"/> Indian status card	
<input type="checkbox"/> Other – please describe				
Copy attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration number OR	Date of issue (dd-mm-yyyy) – –	Country/province of issue	

### Proof of age – Spouse (complete if using spouse's date of birth in Section F)

<input type="checkbox"/> Canadian, U.S.A. or U.K. birth certificate	<input type="checkbox"/> Canadian citizenship	<input type="checkbox"/> Current Canadian passport	<input type="checkbox"/> Current passport (other country)	<input type="checkbox"/> Baptismal certificate
<input type="checkbox"/> Canadian, U.S.A. or U.K. driver's licence	<input type="checkbox"/> Age of majority	<input type="checkbox"/> Hospital certificate of birth	<input type="checkbox"/> Indian status card	
<input type="checkbox"/> Other – please describe				
Copy attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration number OR	Date of issue (dd-mm-yyyy) – –	Country/province of issue	

## O Identity verification, third party determination and politically exposed foreign persons (PEFP)

**The following sections MUST be completed if any funds are from a non-registered source.**

Always verify the identity of clients and find out whether any third parties are involved. This helps Sun Life Financial to manage risk and to comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act. If additional space is required for any part of this section, please complete Form E4105 and attach it to this application.

### 1. Policyholder Information

Is this an application for a Corporate, Partnership, Estate and Trust contract?

Yes  No

If 'yes', please attach a completed 'Identity Verification, third party determination and politically exposed foreign persons (PEFP) form (Investments and Wealth)' (E4105) and **do not complete the rest of this section.**

If 'no', please complete the following section.

#### Policyholder information

Type of document	Document number	Country/province of issue	Detailed occupation
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#### Joint policyholder information

Type of document	Document number	Country/province of issue	Detailed occupation
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**2. Third party determination:**

Is a third party involved with this contract, or will a third party pay for this contract or have the use of, or access to, the contract value?

Yes  No

If 'yes' and there is one third party, complete the section below.

If 'yes' and there is more than one third party, please attach a completed 'Identity verification, third party determination and politically exposed foreign persons (PEFP) form (Investments and Wealth)' (E4105).

Types of third parties include but are not limited to:

- Payor  Executor  Attorney (Power of Attorney) or Mandatary
- Collateral Assignee/Hypothecary Creditor or Trustee

First name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
Type of third party	Relationship to policyholder		Detailed occupation/principal business
Residential address (street number and name)		City	Province <span style="float: right;">Postal code</span>
If a corporation, registration no. and country/province of incorporation			

If unable to obtain the required information for the person above, please give details as to why below:

**3. Politically exposed foreign person (PEFP):**

To the best of the policyholder's knowledge, has the policyholder or any close relative (living or deceased) ever held any of the following positions or offices in or on behalf of a country other than Canada?

Yes  No

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>1. Member of the executive council of government</li> <li>2. President of a state-owned company or a state-owned bank</li> <li>3. Deputy minister or equivalent rank</li> <li>4. Ambassador or attaché or counsellor of an ambassador</li> <li>5. Leader or president of a political party represented in a legislature</li> </ul> | <ul style="list-style-type: none"> <li>6. Head of state or head of government</li> <li>7. Head of a government agency</li> <li>8. Judge</li> <li>9. Military officer with a rank of general or above</li> <li>10. Member of a legislature</li> </ul> |
|---|--|

**Note:** Close relative means spouse, civil union spouse or common-law partner, children/step-children, siblings/half-siblings/step-siblings of the policyholder, biological/adoptive/step-parent of the policyholder, biological/adoptive/step-parent of spouse, civil union spouse or common-law partner.

If 'yes' and there is one politically exposed foreign person (PEFP), complete the section below.

If 'yes' and there is more than one politically exposed foreign person (PEFP), please attach a completed 'Identity verification, third party determination and politically exposed foreign persons (PEFP) form (Investments and Wealth)' (E4105).

**O Identity verification, third party determination and politically exposed foreign persons (PEFP) (continued)**

Policyholder name (first, middle initial, last)	PEFP name (first, middle initial, last)	Relationship to policyholder	Position held (indicate all applicable #s from list)	Country where position held

**4. Source of payment information**

Provide the source of payment for this application/contract. Select all that apply

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> existing internal policy               | <input type="checkbox"/> salary or earned income     | <input type="checkbox"/> policyholder's savings |
| <input type="checkbox"/> business income                        | <input type="checkbox"/> existing investment account | <input type="checkbox"/> borrowed funds         |
| <input type="checkbox"/> pension income                         | <input type="checkbox"/> gifted funds                | <input type="checkbox"/> sale of property       |
| <input type="checkbox"/> proceeds from death benefits or estate | <input type="checkbox"/> inherited funds             | <input type="checkbox"/> social benefits        |
| <input type="checkbox"/> other (give details below)             |  |   |

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**P Acknowledgement of no death benefit (Complete if you selected a zero year guaranteed period)**

- I/We understand that I/we are purchasing a life annuity or joint life annuity with no guaranteed period for annuity income payments and that **once income has started**:
- **There is no death benefit** and
  - The annuity income payments will stop when the last surviving annuitant dies.

Signature of policyholder X		Signature of joint policyholder X	
Location signed (city)	Location signed (province)	Location signed (city)	Location signed (province)
Date (dd-mm-yyyy) _ _		Date (dd-mm-yyyy) _ _	

**Q Policyholder(s) and annuitant(s) declaration and acknowledgement**

In the following declaration, "I" means the policyholder and "We" means the policyholder(s) and, and if applicable, an annuitant who is not a policyholder.

1. I/We are applying for a Payout Annuity policy ("policy").
2. I/We understand that I/we cannot surrender or commute the contract in exchange for cash, unless otherwise specified in my/our policy.
3. I/We confirm the information provided in the application is complete and true.
4. I/We authorize the company to deposit payments to the account as indicated. I/We understand that I/we may change or terminate this authorization by giving the company ten days' notice in a form acceptable to the company.
5. I/We understand that annuity income payments from the policy will be treated as taxable income under the *Income Tax Act (Canada)* and any other applicable legislation
6. I/We understand the company is not responsible for assuring I/we make a valid beneficiary(ies) designation.
7. I/We understand and agree that if the last surviving annuitant dies after the end of the guaranteed period, any payments made **after** the death of that annuitant, must be paid back to the company.
8. I/We have received, read and agree to the Sun Life Financial Privacy Statement for Canada (Section M).
9. **For registered policies only:** Please apply for the registration of the plan under the *Income Tax Act (Canada)* and, if applicable, under any provincial income tax legislation.
10. **For annuitant & joint annuitant (who is not a policyholder):** I/We consent to being a person during whose life the annuity income payments may be payable and on whose death a death benefit may be payable. I confirm that statements #3 and #7 above are true.
11. I/We understand that I/we can transfer ownership of this contract only if all the annuities payable under this contract are subject to accrual taxation.
12. I/We have received the brochure entitled 'A Clear Connection: Your Relationship with Sun Life Financial' (only applicable if your advisor is a Sun Life Financial Advisor).
13. I/We understand that where an annuity under this contract is funded in full by money from an accumulation annuity policy issued by us, the annuity is the continuation of the former policy subject to the terms of this new annuity contract.

Signature of policyholder <b>X</b>		Date (dd-mm-yyyy) _ _
Location signed (city)	Location signed (province)	

Signature of joint policyholder <b>X</b>		Date (dd-mm-yyyy) _ _
Location signed (city)	Location signed (province)	

Signature of annuitant (if not also a policyholder) <b>X</b>		Date (dd-mm-yyyy) _ _
Location signed (city)	Location signed (province)	

Signature of joint annuitant (if not also a policyholder) <b>X</b>		Date (dd-mm-yyyy) _ _
Location signed (city)	Location signed (province)	

Sun Life Financial reserves the right to reject any application.

**R | Advisor information, declaration and attestation**

Advisor first name	Last name	Advisor no./rep code
Company name	Financial centre	Phone number — —
E-mail address	Date (dd-mm-yyyy) — —	Supervisor's signature (Quebec only) X

Please attach a business card.

Is commission being shared?  No  Yes If 'yes' please provide details.

Name of lead service advisor sharing commissions	Code	Share %	Office
Name of advisor sharing commission	Code	Share %	Office

This policy was sold using the Lifetime Gift Annuity concept.  Yes  No

I, the advisor, confirm that I have disclosed to the policyholder(s):

- That I will receive compensation in the form of commissions or salary for the sale of this product.
- That I may also receive additional compensation in the form of bonuses or non-monetary benefits such as travel incentives or attendance at conferences.
- Any conflicts of interest that I may have related to this transaction.
- That I am an independent advisor who has a contract to sell products on behalf of Sun Life Assurance Company of Canada, and I have also told them the names of any other companies I represent.

I also confirm that:

- I have verified that the dates of birth the client has provided on the application match the date of birth on the proof of age documents the client has shown to me.
- If locked-in funds are being used to purchase an annuity, I have ensured the policyholder understands the meaning of spouse as it is defined in the pension benefit legislation that governs these funds.
- I am licensed in the province in which the application is signed.
- All of the identification details provided in this application match the original identification documents the client has shown to me (where applicable).
- I have reviewed with the policyholder(s) the details provided in this application and, to the best of my knowledge, these details are full, complete and true. The only exceptions are below.

For non-registered contracts, a reasonable effort was exercised to determine if the policyholder(s) is acting on behalf of a third party.

I, the advisor, suspect that there is an undisclosed third party involved with this contract.

Details

Advisor first name	Last name	Advisor signature X	Advisor no./rep code	Date (dd-mm-yyyy) — —
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If you, the advisor, are the client and this is a non-registered contract, please have Section O completed by another advisor who is contracted with Sun Life Financial. By signing below, that advisor confirms all of the identification details provided in this application match the original identification documents shown to him/her.

Advisor first name	Last name	Advisor signature X	Advisor no./rep code	Date (dd-mm-yyyy) — —
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For SLF use:  
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