

# Financial change authorization form

Sun Life Financial, Group Retirement Services  
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[www.sunlife.ca](http://www.sunlife.ca)

Please PRINT clearly.

Nota : La version française de ce document est également disponible.

## 1 Plan and your personal information

Name of plan sponsor <b>University of Northern British Columbia</b>			Client ID <b>C092R</b>	Plan <b>01</b>
First name	Middle initial	Last name		
Social insurance number*	Account number		Telephone number (day)	
Email address			Telephone number (evening)	

\*Your Social Insurance Number is used for administrative purposes so that information on this form is applied to your account.

## 2 Product information

This change applies to the following product:  DCPD

## 3 Payroll deduction authorization

### Voluntary Contributions:

- I hereby elect to make voluntary contributions and authorize my employer to deduct \$ \_\_\_\_\_ per pay until further notice.
- I request my employer to cease deductions from my pay.

## 4 Transfer of existing assets between funds

This section refers to existing assets only. To change instructions for your future contributions, complete 5.

I request Sun Life Assurance Company of Canada to transfer the assets currently in the selected product as follows:

- Upon receipt of this completed form at Sun Life Assurance Company of Canada.
- As the funds mature (applicable to Sun Life Assurance Guaranteed Funds only).

Indicate the dollar amount or percentage and the Transfer from and Transfer to fund names.

For transfer of all assets from a given fund, indicate 100%.

For transfer of only a portion of the assets from a given fund, indicate either a dollar amount or a percentage.

For transfers of Sun Life Assurance Guaranteed Funds or Sun Life Financial Milestone Funds at the time of maturity, indicate a percentage. Dollar amounts cannot be applied to these types of transfers.

Dollar amount		Percentage	Transfer from – fund name	Transfer to – fund name
\$	or	%		
\$	or	%		
\$	or	%		
\$	or	%		
\$	or	%		

## 5 Allocation of your contributions

Choose funds from one or more of the following investment approaches.

**Percentages must be in whole numbers and total 100%.**

Pick from any of the funds listed on this form to build your own portfolio that matches your Investment Risk Profile.

I request Sun Life Assurance Company of Canada to allocate contributions to the plan as follows. This instruction applies to all future contributions.

### built BY me

	Member Contributions	Employer Contributions
SLA 1 Year Guaranteed Fund (012)	%	%
SLA 3 Year Guaranteed Fund (036)	%	%
SLA 5 Year Guaranteed Fund (060)	%	%
Sun Life Financial Money Market Segregated Fund (X21)	%	%
BlackRock Universe Bond Index Segregated Fund (W02)	%	%
PH&N Bond Segregated Fund (U44)	%	%
Beutel Goodman Balanced Segregated Fund (U07)	%	%
CI Signature Income & Growth Segregated Fund (QOO)	%	%
MFS Responsible Balanced Segregated Fund (X70)	%	%
CC&L Group Income and Growth Segregated Fund (QLJ)	%	%
Beutel Goodman Canadian Equity Segregated Fund (U05)	%	%
Beutel Goodman Small Cap Segregated Fund (U51)	%	%
BlackRock S&P/TSX Composite Index Segregated Fund (W35)	%	%
CC&L Group Canadian Q Growth Segregated Fund (QMW)	%	%
Beutel Goodman American Equity Segregated Fund (U21)	%	%
BlackRock EAFE Equity Index Segregated Fund (W45)	%	%
BlackRock U.S. Equity Index Segregated Fund (W44)	%	%
Fiera International Equity Segregated Fund (QWO)	%	%
Hexavest World Segregated Fund (QQM)	%	%
TDAM Global Equity Index Segregated Fund (W57)	%	%
<b>Total</b>	<b>100%</b>	<b>100%</b>

If the total % does not equal 100%, or if this information is not completed, Sun Life Assurance Company of Canada reserves the right to invest the difference/total in the default fund chosen for the plan by your plan sponsor, which is the Beutel Goodman Balanced Segregated Fund.

## 6 Your authorization

I understand that changes to the allocation of future contributions and transfers of existing assets between funds can be made only in accordance with the terms of the Plan. I am the owner of the account and authorize the financial changes as indicated above.

Owner signature X	Date (dd-mm-yyyy) — —
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Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.