UNBC **UNIVERSITY OF NORTHERN BRITISH COLUMBIA**

Sun Life Financial

Financial change authorization form

Sun Life Financial, Group Retirement Services
PO Box 2025 Stn Waterloo, Waterloo ON N2J 0B4
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		Client ID	Plan
University of Northern British Columbia		**C092R**	**01**

First name	Middle initial	Last name

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

Social insurance number*	Account number	Telephone number (day)

Email address	Telephone number (evening)

2 Product information

This change applies to the following product: ☑ DCPP

3 Payroll deduction authorization

☐ I hereby elect to make/change contributions and authorize my employer to deduct _____ % or $_____ from my pay to be deposited into the plan.

☐ 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 section 4.

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.

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

For SLF use:
FCHG

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)	%	%
CI American Value Segregated Fund (C03)	%	%
Fiera International Equity Segregated Fund (QWO)	%	%
Hexavest World Segregated Fund (QQM)	%	%
Total	**100%**	**100%**

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 in the absence of a selection by your plan sponsor will be a money market 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	Date (dd-mm-yyyy)
X	— —

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