



Pre-Authorized Debit Service



The Pre-Authorized Debit ("PAD") Service allows you to make regular cash contributions to the Sun Life Financial Inc. Common Shareholders Dividend Reinvestment and Share Purchase Plan (the "Plan") by pre-authorized debit of your bank account. Every quarter on the fifth business day prior to the investment date, AST Trust Company (Canada) will arrange to automatically deduct your contribution amount from your bank account.

Please complete this form if you want to sign up for the PAD Service, make changes to your existing banking information or to increase or decrease the amount previously authorized. Completed forms are to be sent to AST Trust Company (Canada) Dividend Reinvestment, P.O. Box 4229, Station A, Toronto, Ontario M5W 0G1, along with a "VOID" cheque. AST Trust Company (Canada) cannot accept pre-authorized debit information by phone. Please ensure that you read the following Terms and Conditions.

Pre-Authorized Debit Service Terms and Conditions

I hereby agree to enroll in the personal PAD Service and authorize and direct AST Trust Company (Canada) ("AST") and the financial institution designated (or any other financial institution I may authorize at any time) to debit my account at the financial institution specified in this authorization form and as indicated on the attached void cheque (the "Account"), for the purpose of participating in the purchase of shares pursuant to the Plan.

This authority is to remain in effect until AST has received written notification from me of its change or termination. This notification must be received at least five (5) business days before the next debit is scheduled at the address provided below. I may obtain a sample cancellation form, or more information of my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca. I agree that written revocation of this authorization does not terminate any agreement that exists in connection with the Plan.

I agree that the financial institution is not required to verify that the debit of my Account has been drawn in accordance with this authorization, including the amount, frequency and fulfillment of purpose of this authorization.

I agree that the authorized debit of my Account, in the amount specified in this application, may be drawn on my Account beginning for the first cash payment, subsequent to receipt by AST of this application, specified in the Plan. The amount of this authorization may be increased or decreased as agreed to in writing by me.

I acknowledge that AST has the right in its sole discretion to terminate my authorization if, through no fault of AST, it is unable to debit my Account the full amount specified in this authorization on any due date.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain a form for a Reimbursement Claim, or more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca. I agree that, after a 90 calendar day period, I shall resolve any dispute that I may have concerning an authorized debit solely with AST.

I agree that delivery of this authorization to AST constitutes delivery by me to the financial institution.

I warrant that all persons whose signatures are required to sign on the Account have signed this authorization.

It is the express wish of the parties that this authorization and any related documents be drawn up in English. Les parties conviennent que la presente autorisation et tous les documents s'y rattachant soient rediges et signes en anglais.

<input type="checkbox"/> New <input type="checkbox"/> Change	Sun Life Financial Inc. Pre-Authorized Debit Service Authorization Form	Optional Cash Payments: Minimum: \$100 and Maximum: \$50,000
Security Holder Name _____ 2 nd Security Holder Name (if applicable) _____ Security Holder Number _____		
Financial Institution Name and Address _____		
Institution # _____	Branch Transit # _____	Account # _____
Please enclose a "VOID" cheque (if applicable). NOTE: Canadian Bank Accounts Only		
I agree to participate in the PAD Service and I authorize AST Trust Company (Canada) to process a debit, in paper, electronic or other form in the amount of \$ _____ on a quarterly basis beginning for the first cash payment date after receipt of this authorization by AST Trust Company (Canada) on or before the fifth business day preceding the investment date. I acknowledge that I understand and agree to the Terms and Conditions of the PAD.		
Signature 1: _____	Date: _____	
Signature 2: _____	Date: _____	

Shareholder must be enrolled in the Plan and meet all applicable Canadian anti-money laundering requirements to participate in this service. AST Trust Company (Canada) may request, collect and use other documentation from the Shareholder including identification documents and personal information for the purposes of complying with all applicable Canadian anti-money laundering requirements.

If you have any questions, you can reach AST Trust Company (Canada):

By phone: 1 877 224-1760

OR

By email: sunlifeinquiries@astfinancial.com