

Enrollment Form

Canadian Dividend Reinvestment and Share Purchase Plan



To: AST Trust Company (Canada)

I wish to enroll in Sun Life Financial Inc.'s Canadian Dividend Reinvestment and Share Purchase Plan (the "Plan") in order to reinvest cash dividends received on common shares of Sun Life Financial Inc. in common shares of Sun Life Financial Inc.

Please refer to the Amended and Restated Offering Circular before enrolling.

By signing this form, I request enrollment in the Plan, acknowledge that I have read the Amended and Restated Offering Circular containing and describing the Plan and that my participation in the Plan will be subject to its terms and conditions. I also acknowledge that the enrollment of my common shares of Sun Life Financial Inc. in the Plan will remain in effect until I otherwise notify AST Trust Company (Canada) in writing, in accordance with the Plan.

Copies are available online at:
www.astfinancial.com/ca-en
or www.sunlife.com

PLEASE PRINT CLEARLY

Shareholder Name :	Date of Birth : (dd/mm/yyyy)	Occupation :
Second Shareholder Name (if applicable) :	Date of Birth : (dd/mm/yyyy)	Occupation :
Address: (street number and name, apartment or suite number) :		
City :	Province :	Postal code :
Daytime Telephone Number : ()	Shareholder Account Number :	S.I.N. :

Your Shareholder Account Number can be found on Sun Life Financial Inc. dividend cheques or your Share Ownership Statement.

Shareholder Signature : X	Date : (dd/mm/yyyy)
Second Shareholder Signature (if applicable) : X	Date : (dd/mm/yyyy)

If common shares are jointly held, all shareholders must complete, sign and date this form. If common shares are held by a corporation, this form must be signed by a duly authorized signing officer whose title must be provided.

Non-registered beneficial holders of common shares of Sun Life Financial Inc. (i.e. shareholders who hold their common shares through an intermediary, such as a financial institution, broker or other nominee) should consult with that intermediary to determine the procedures for participation in the Plan.

This completed form must be returned to :
AST Trust Company (Canada)
P.O. Box 4229
Station A
Toronto, ON M5W 0G1

For inquiries, please contact AST Trust Company (Canada) at :
Telephone : 1-877-224-1760
Facsimile : 1-888-488-1416
Email : sunlifeinquiries@astfinancial.com

AVAILABLE TO CANADIAN RESIDENTS ONLY.