

# Automatic Cheque Plan (ACP) enrolment form for Sun Life Financial Voluntary Retirement Savings Plan (VRSP)



**Return completed form to:**  
Sun Life Financial, Group Retirement Services  
PO Box 11001 Stn CV, Montreal QC H3C 3P3

Please print clearly.

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

## 1 Plan and your personal information

Name of plan sponsor <b>Sun Life Assurance Company of Canada</b>			Client ID <b>C0UJL</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 Automatic Cheque Plan (ACP) enrolment information

I authorize Sun Life Assurance Company of Canada (Sun Life) to withdraw payments from my bank account indicated below each month and will notify Sun Life immediately of any change in my account information. I confirm all people whose signatures are required to authorize withdrawals on the bank account indicated have signed this section. The ACP amount is to be invested according to the investment instructions previously provided. All Automatic Cheque Plans will be processed as personal under the Canadian Payments Association rules (this means I have 90 calendar days from the date any payment is processed to claim reimbursement for any unauthorized payment). I understand I may obtain a sample cancellation form or further information on my right to cancel this ACP agreement at my financial institution or by visiting **www.cdnpay.ca**.

I agree to waive the requirement that Sun Life notify me of this authorization before the first payment and subsequent payments are processed as well as any changes to the amount or date of the payment initiated by me. 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 ACP agreement. For more information on my right to terminate the ACP agreement or my recourse rights, I may contact my financial institution or visit **www.cdnpay.ca**. I also understand a \$25 fee will be charged for any automatic cheques returned for insufficient funds.

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## 2 Automatic Cheque Plan (ACP) enrolment information (cont'd)

Note: if the date you choose falls on a weekend or holiday, the transaction will be made on the next business day.

ACP amount (minimum \$50/month) \$		Start date (dd-mm-yyyy) — —	
Type of bank account			
<input type="checkbox"/> Chequing	<input type="checkbox"/> single		
<input type="checkbox"/> Savings	<input type="checkbox"/> joint		
Signature of accountholder X		Date (dd-mm-yyyy) — —	
Signature of joint accountholder X		Date (dd-mm-yyyy) — —	

If joint accountholder is applicable:

- Place an original voided cheque here >>>>>
- TAPE the cheque along the side edge

If your personal information is not pre-printed on the cheque, or you do not have a voided cheque, please provide proof of account ownership from your bank. Proof of account ownership must be provided on banking institution letterhead or banking form, it must include your name and it must be stamped by the banking institution.

#000

First Last Name  
Street Address  
City, Province  
Postal Code

Pay to the order of

VOID

100 DOLLARS

Institution Name  
Institution Address

Pay to the order of

100 DOLLARS

Institution Name  
Institution Address

1234 56 789 01001 1234 56 789 01001

## 3 Your authorization

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.