



Electronic Instructions Authorization Form

For investment planning advice, call CDSPI Advisory Services Inc.:
1-877-293-9455 (toll-free) or (416) 296-9455 Ext. 5023

For assistance filling out this form, call CDSPI:
1-800-561-9401 (toll-free) or (416) 296-9401 Ext. 5020

Please return the completed form to:
CDSPI, 155 Lesmill Road, Toronto, Ontario M3B 2T8

E-mail queries: investment@cdspi.com

Annuity Contract Issued By: Sun Life Assurance Company of Canada

AUTHORIZATION TO RECEIVE ELECTRONIC INSTRUCTIONS FOR MY CANADIAN DENTISTS' INVESTMENT PROGRAM ACCOUNT(S)

(Via phone*, Internet and/or facsimile)

*** Voicemail instructions will not be accepted.**

Please return completed form to CDSPI via regular mail to the address listed above. **An original hand-written signature is required, therefore this form cannot be accepted by fax.**

To: CDSPI

From: _____
Client Name

From: _____
Joint Account Holder (if applicable)

Re: Investment Program Account Number(s): _____

I hereby authorize and direct CDSPI and CDSPI Advisory Services Inc. to accept instructions given by me to members of CDSPI and/or CDSPI Advisory Services Inc. staff by phone, Internet and/or facsimile. Such instructions may include the transfer and/or the redemption of investment funds in my Canadian Dentists' Investment Program account(s).

I acknowledge that I will be bound by any instructions given to CDSPI and/or CDSPI Advisory Services Inc. with respect to my Canadian Dentists' Investment Program accounts, by phone, Internet or facsimile, and that CDSPI and/or CDSPI Advisory Services Inc. staff members are authorized to act on those instructions without receiving a signed authorization or any other form of confirmation from me.

This authorization will remain in effect until CDSPI and/or CDSPI Advisory Services Inc. receives from me written notice that I am revoking it.

Date (D/M/Y)

Signature of Account Holder

Signature of Joint Account Holder (if applicable)