

Electronic Instructions Authorization Form

For investment planning advice or assistance filling out this form, call:
1.800.561.9401 or 416.296.9401

Annuity Contract Issued By: Sun Life Assurance Company of Canada

Please return the completed form to:
CDSPI, 2005 Sheppard Ave East, Suite 500, Toronto, ON M2J 5B4
E-mail: investment@cdspi.com

AUTHORIZATION TO RECEIVE ELECTRONIC INSTRUCTIONS FOR MY INVESTMENT 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 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 investment 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)