

Pre-authorized Chequing (PAC) Agreement

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

Please return the completed form to:
CDSPI, 2005 Sheppard Ave East, Suite 500, Toronto, ON M2J 5B4
Fax: 1.866.561.2250 or 416.296.9459
E-mail: investment@cdspi.com

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Annuity Contract Issued By: Sun Life Assurance Company of Canada

NEW PAC CHANGE TO EXISTING PAC CANCEL EXISTING PAC (Effective Date:

Day	Month	Year			

)

SECTION 1 PLAN INFORMATION

CDSPI PLAN ACCOUNT NO: _____ PLAN TYPE: ___ RSP ___ RESP ___ TFSA ___ Investment Account

Plan Holder Name (First, Middle or Initial, Last) _____

Joint Plan Holder Name (First, Middle or Initial, Last) _____

SECTION 2 BANK INFORMATION (A VOID CHEQUE MUST BE ATTACHED.)

- I/We hereby authorize CDSPI to debit the bank account provided below for the amount and in the frequencies set out in Section 3.
- I/We hereby waive the requirement that CDSPI provide me/us with advance written notice of the due date of the first debit to the bank account and the amount to be debited before the date of such debiting.

A. NAME(S) ON THE BANK ACCOUNT: _____ B. TYPE OF DEBIT: Personal Business

C. FINANCIAL INSTITUTION: _____ Institution No. _____ Transit No. _____ Account No. _____

D. _____ Date:

Day	Month	Year			

Bank Account Holder's Signature

_____ Date:

Day	Month	Year			

Joint Bank Account Holder's Signature

SECTION 3 INVESTMENT INSTRUCTIONS

Please visit www.cdspi.com for a list of CDSPI Funds or contact a licensed advisor at CDSPI Advisory Services Inc. at 1.800.561.9401. Restrictions may apply to advisory services in certain jurisdictions.

A. FUND SELECTION:

I/We hereby authorize CDSPI to invest the amounts debited from my/our bank account as follows:

FUND NAME*	PAC AMOUNT** (\$ or %)
	\$ _____ %
	\$ _____ %
	\$ _____ %
	\$ _____ %
	\$ _____ %

* Guaranteed Funds are not an available fund selection for the Pre-authorized Chequing Agreement.
** The minimum PAC amount per investment fund is \$25.

B. ALLOCATION OF CONTRIBUTION (RESP ONLY):

The RESP contribution debited from my/our account will be allocated equally amongst all beneficiaries unless indicated below:

BENEFICIARY NAME	PERCENTAGE
1. _____	
2. _____	
3. _____	
4. _____	
	100%

E. FREQUENCY OF DEDUCTIONS:

- Weekly on the 7th, 14th, 21st and 28th of the month Semi-Monthly: _____ 1st and 15th OR _____ 15th and 28th
 Monthly on the _____ day of the month (NOTE: the 29th, 30th and 31st are not allowed as PAC withdrawal dates)

C. PAC TOTAL: \$ _____ D. EFFECTIVE DATE:

Day	Month	Year			

SECTION 4 TERMS & CONDITIONS

- I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain a sample authorization form, or more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.
- I/We understand that we can change these instructions or cancel this agreement at any time provided CDSPI receives at least 2 business days written notice. I/We may obtain a sample cancellation form or more information about my/our right to cancel a pre-authorized chequing agreement at my/our financial institution or by visiting www.cdnpay.ca.
- I/We agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.
- I/We agree to immediately notify CDSPI if I/we make any changes to the bank account set out in Section 2, including moving the bank account to another financial institution or branch.
- I/We confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed this agreement.
- I/We acknowledge and agree that I/we are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which I/we may be held accountable.
- I/We acknowledge that CDSPI may cancel this PAC agreement at any time upon 5 days advance written notice.

SECTION 5 AUTHORIZATION

_____ Date:

Day	Month	Year			

Plan Holder's Signature

_____ Date:

Day	Month	Year			

Joint Plan Holder's Signature