

# CDSPI Investment Fund Transfer Authorization



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  
E-mail: investment@cdspi.com

Annuity Contract Issued By: Sun Life Assurance Company of Canada

**Note: The guarantor's original hand-written signature is required, so this form cannot be accepted electronically. Please return completed form via regular mail to the above address.**

**TO: CDSPI and CDSPI Advisory Services Inc.**

**RE: The account(s) of** \_\_\_\_\_

*PRINT NAME OF ACCOUNT HOLDER*

**Account type(s) and number(s):**

\_\_\_\_\_  
*ACCOUNT TYPE*

\_\_\_\_\_  
*ACCOUNT NUMBER*

\_\_\_\_\_  
*ACCOUNT TYPE*

\_\_\_\_\_  
*ACCOUNT NUMBER*

I authorize and direct CDSPI and CDSPI Advisory Services Inc. to permit

\_\_\_\_\_  
***PRINT*** NAME OF AUTHORIZED PERSON AND RELATIONSHIP TO ACCOUNT HOLDER

(the "Authorized Person") to authorize transfers of the money held in the specified account(s) to or from any of the CDSPI investment funds on my behalf. Such authorizations may be given through on-line access to my investment account(s), verbally by telephone or in writing. For this purpose, the Authorized Person may have access to my account(s) in the Investment Program through the private account side of the CDSPI website.

The Authorized Person may authorize the purchase and sale of fund units and may otherwise act for me in the same manner and with the same force and effect as if I had given the authorizations myself but may not authorize the withdrawal of funds or redemption of plan assets, make deposits on my behalf or make or change the beneficiary designation for my account(s). I authorize and direct CDSPI and CDSPI Advisory Services Inc. to follow the instructions of the Authorized Person regarding transfers between the CDSPI investment funds without verification from me.

The granting of this authorization and direction will not impair or limit my ability to make and implement decisions with respect to the above-described account(s) by instructing CDSPI and/or CDSPI Advisory Services Inc. through CDSPI's on-line facilities or by giving such instructions orally or in writing.

This authorization and direction will terminate upon the occurrence of any one of the following three events and CDSPI and CDSPI Advisory Services Inc. may continue to deal with the Authorized Person until one of the three events occurs:

1. CDSPI and/or CDSPI Advisory Services Inc. receives written notice of my death;
2. I revoke this authorization and direction by written notice to CDSPI and/or CDSPI Advisory Services Inc.; and
3. Upon my mental incapacity, a guardian of property, committee or equivalent is appointed on my behalf under applicable law and CDSPI and/or CDSPI Advisory Services Inc. is notified of such appointment.

This authorization and direction will be binding on me and my personal representatives, successors and assigns.

**Note: The witness to the signatures on this form must not be related to the Account Holder or Authorized Person.**

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

I accept this appointment.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

If the "Authorized Person" is also a participant in this Investment Program, please provide their Investment Program account number as identification:

\_\_\_\_\_

*(If not an Investment Program participant, please complete the information below.)*

**About the Authorized Person**

*(To be completed for the person appointed to act as the "Authorized Person" if said person is NOT an Investment Program participant.)*

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
PROVINCE

\_\_\_\_\_  
POSTAL CODE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
RELATIONSHIP TO ACCOUNT HOLDER

**Valid Identification\***

*(Complete the section below and include photocopies of two pieces of valid identification\*.)*

\_\_\_\_\_  
ID TYPE

\_\_\_\_\_  
ID NUMBER

\_\_\_\_\_  
EXPIRY DATE

\_\_\_\_\_  
WHERE ISSUED

\_\_\_\_\_  
ID TYPE

\_\_\_\_\_  
ID NUMBER

\_\_\_\_\_  
EXPIRY DATE

\_\_\_\_\_  
WHERE ISSUED

\* Valid Identification Includes:

- i) A government-issued Age of Majority Card, Birth Certificate, Driver's License, Passport or National Identity Card and;
- ii) A second item from i) above or a credit card issued by a Canadian chartered bank.

**Important Note: At least one piece of valid identification must include the Authorized Person's photograph.**