

Request to withdraw funds

Return the completed form to:

Sun Life Financial, Group Retirement Service

☐ Waterloo: PO Box 2025 Stn Waterloo, Waterloo ON N2J 0B4

☐ Montreal: 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

*Your Social Insurance Number is used for administrative purposes so that information on this form is applied to your account.

Name of plan sponsor			Client ID C0	Plan
First name	Middle initial	Last name		
Date of birth (dd-mm-yyyy)	Social insurance number*		Account number	
Address (street number and name)			Apartment or suite	
City	Province	Postal code	Telephone number (day)	
Email address			Telephone number (evening)	

2 Withdrawal of funds on termination of service (leaving the plan)

Upon receipt of this completed notice, a package will be sent to you with your benefit options.

☐ Termination of employment ☐ Retirement

Effective date (dd-mm-yyyy)

This section is to be completed by the plan sponsor.

Plan sponsor's confirmation:

All contributions for this member have been remitted to Sun Life Financial: ☐ Yes ☐ No

Plan sponsor signature X	Date (dd-mm-yyyy)
-----------------------------	-------------------

3 Withdrawal of funds while employed

I request a withdrawal from the following product (if permitted under the terms of the plan):

Select only one product per withdrawal request.

☐ RRSP ☐ Spousal RRSP ☐ DCPP (voluntary contributions only) ☐ NREG ☐ EPSP ☐ TFSA

Type of withdrawal: ☐ Cash (withholding tax and/or withdrawal fee may apply)

☐ Direct deposit to your bank account.

☐ Transfer (attach the applicable transfer form)

Amount of withdrawal: ☐ All available assets in the selected product.

☐ \$ (gross) or % from the selected product

☐ Amounts from the specific funds as indicated below:

Dollar amount (gross)	Percentage	Fund name
\$ or %		
\$ or %		
\$ or %		

Plan sponsor's authorization:

Plan sponsor signature X	Date (dd-mm-yyyy)
-----------------------------	-------------------

Your plan sponsor's authorization is required if there are any withdrawal restrictions under the plan.

Account owner signature

X

Date (dd-mm-yyyy)

— —

Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.