

S U N L I F E G L O B A L I N V E S T M E N T S

PRIVATE CLIENT

ACCOUNT/CONTRACT LINKING FORM

I L L U M I N A T I N G

sunlifeglobalinvestments.com

PRIVATE CLIENT

ACCOUNT/CONTRACT LINKING FORM



Sun Life Global Investments (Canada) Inc. (SLGI), Sun Life Assurance Company of Canada (Sun Life),
c/o Private Client Administration 225 King St W 3rd Floor, Toronto, ON M5V 3C5
Telephone: 1-877-344-1434 (mutual funds) 1- 844-753-4437 (segregated funds) Fax: 1-855-329-7544

SLGI and Sun Life Private Client investors have the option of linking together their mutual fund accounts and/or their segregated fund contracts into one Private Client household group to participate in the program and receive consolidated quarterly statements. Linking accounts¹ of family members living in the same household is an option as long as one of the accounts (known as the master account) maintains a book value or market value of \$100,000 in Private Client funds and the total Private Client assets of your Private Client household group is greater than or equal to \$250,000 in book value or market value. Each quarter, a consolidated statement will be delivered to the master account mailing address.

Eligibility for linking:

- Account(s) belong to the account holder(s) of the master account and/or
- Account(s) belong to a spouse, children or parent(s) living at the same address and/or
- A corporate account (i.e. corporation, partnership, trust) where one or more of the members within the Private Client household group have a combined ownership of at least 50% voting equity in the corporation.
 - Documentation showing proof of voting equity must be attached to this form (i.e. corporate resolution, articles of incorporation, partnership agreement, trust documentation etc.).
- All accounts must be serviced by the same advisor².
- Only Series E or O for mutual funds and Class E or O for segregated funds are eligible for linking.

¹ Account may also refer to contract ² Advisor may also refer to representative

1 Your Private Client Household Group

The Private Client household group name will appear on your Private Client quarterly consolidated statement.

Are you setting up a new Private Client household group? ☐ Yes ☐ No

Provide your Private Client household group name _____.

Master account/ contract (check only one) ³	SLGI mutual fund account number	Sun Life segregated fund contract number	Account holder/Contract owner's name	Action ⁴	
				Add	Remove
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

³ If the master account closes or falls below the minimum required balance, the account with the highest book or market value in the Private Client household group will be set as the new default master account

⁴ You must indicate an action for each account

2 Authorization

All account holders on all accounts must sign below to authorize the creation of this Private Client household group. For existing Private Client household groups, all members of the Private Client household group must authorize adding accounts.

- I (We) understand that reduced management fees may be applied when the Account Linking form is received in good order by SLGI or Sun Life.
- I (We) understand that linking/de-linking accounts that are part of the Private Client household group may affect the management fees.
- I (We) understand that a new Account Linking form must be completed and submitted if I (we) decide to remove/add account(s) or designate a different master account within my (our) Private Client household group.
- I (We) understand that if my (our) Private Client household group no longer meets the minimum requirements for this program, the Private Client household group will end.
- I (We) understand that I (we) will receive a consolidated quarterly statement mailed to the master account mailing address for all accounts in the Private Client household group.
- I (We) understand that the consolidated quarterly statement addressed to the master account does not fulfill the contractual obligation of Sun Life to issue me (us) a separate annual segregated fund statement for each contract.
- I (We) understand and agree that by linking my (our) accounts to the Private Client household group, personal, confidential and other information will be shared with all other members of my (our) Private Client household group.
- I (We) understand that the consolidated statements may contain information about both my (our) mutual fund investments and segregated fund contract investments, and those statements may be viewed by both the mutual fund dealer(s) and the insurance distributor(s) that provide services to me (us).
- I (We) have received, read and agree to the Sun Life Financial Privacy Statement for Canada.

By signing this form, I (we) have read and agree to the terms indicated on this form.

<hr/>	<div><div>X</div><hr/></div>	<div><div>Y Y Y Y M M D D</div><hr/></div>
Account holder/contract owner's name	Account holder/contract owner's signature	Date
<hr/>	<div><div>X</div><hr/></div>	<div><div>Y Y Y Y M M D D</div><hr/></div>
Account holder/contract owner's name	Account holder/contract owner's signature	Date
<hr/>	<div><div>X</div><hr/></div>	<div><div>Y Y Y Y M M D D</div><hr/></div>
Account holder/contract owner's name	Account holder/contract owner's signature	Date
<hr/>	<div><div>X</div><hr/></div>	<div><div>Y Y Y Y M M D D</div><hr/></div>
Account holder/contract owner's name	Account holder/contract owner's signature	Date
<hr/>	<div><div>X</div><hr/></div>	<div><div>Y Y Y Y M M D D</div><hr/></div>
Account holder/contract owner's name	Account holder/contract owner's signature	Date
<hr/>	<div><div>X</div><hr/></div>	<div><div>Y Y Y Y M M D D</div><hr/></div>
Account holder/contract owner's name	Account holder/contract owner's signature	Date
<hr/>	<div><div>X</div><hr/></div>	<div><div>Y Y Y Y M M D D</div><hr/></div>
Dealer/rep/advisor number	Advisor's signature	Date

Sun Life Financial Privacy Statement for Canada

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives, distribution partners (such as advisors and their companies) and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us. To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by e-mail to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

