

Please PRINT Clearly

In this form, *I, you* and *your* refer to the policy owner. CI Investments Inc. (CI) acts on behalf of Sun Life Assurance Company of Canada.

Client Name (first, middle initial, last) _____

SunWise Policy Number _____

Joint Owner (first, middle initial, last) _____

1 Request to Reset Guarantee

Please reset my entire policy or, Please reset the following deposit years:

a) _____ | b) _____ | c) _____ | d) _____

Please refer to "resetting your guarantee" in your policy for any information you require regarding this request, and the effects upon your premium maturity date. The request to reset guarantee will take effect when received by CI.

2 Request to Change the Policy Guarantee Option

2a) Please choose one:

- Full Reclassification to new class account
- Full Reclassification to existing class account: _____
- Partial Reclassification to new class account
- Partial Reclassification to existing class account: _____

2b) Please change my policy guarantee from:

- Full Guarantee (Class A) to Combined Guarantee (Class B) - does not reset your premium deposit maturity dates or Benefit Determination Amount*
- Full Guarantee (Class A) to Basic Guarantee (Class C) - does not reset your premium deposit maturity dates or Benefit Determination Amount*
- Combined Guarantee (Class B) to Basic Guarantee (Class C) - does not reset your premium deposit maturity dates or Benefit Determination Amount*
- Combined Guarantee (Class B) to Full Guarantee (Class A) - can only be done in conjunction with resetting the guarantee for all premiums and thus changing all premium deposit maturity dates
- Basic Guarantee (Class C) to Combined Guarantee (Class B) - can only be done in conjunction with resetting the guarantee for all premiums and thus changing all premium deposit maturity dates
- Basic Guarantee (Class C) to Full Guarantee (Class A) - can only be done in conjunction with resetting the guarantee for all premiums and thus changing all premium deposit maturity dates

*When reclassifying to an existing class account, the maturity year applicable to the units prior to the reclassification will remain the same and the day and month of the maturity date will change based on the account that you are transferring to.

2c) Please complete for Partial Reclassifications:

| FUND NAME | FUND CODE | AMOUNT (units or \$) | FUND NAME | FUND CODE | AMOUNT (units or \$) |
|-----------|-----------|----------------------|-----------|-----------|----------------------|
| | | | | | |
| | | | | | |

3 Automatic Portfolio Rebalancing Service

(Optional)

To create or change your target weighting:

| FUND NAME | GUARANTEE CLASS | FUND CODE | TARGET ASSET ALLOCATION* | FUND NAME | GUARANTEE CLASS | FUND CODE | TARGET ASSET ALLOCATION* |
|-----------|-----------------|-----------|--------------------------|-----------|-----------------|-----------|--------------------------|
| | | | % | | | | % |
| | | | % | | | | % |
| | | | % | | | | % |

*Must total 100% for each Class of Funds

Select your variance:

- 2.5%
- 3.0%
- 3.5%
- 4.0%
- 4.5%
- 5.0%
- 5.5%
- 6.0%
- 6.5%
- 7.0%
- 7.5%
- 8.0%
- 8.5%
- 9.0%
- 9.5%
- 10.0%

Select your frequency:

- Monthly
- Semi-Annually, please choose one only: ___ March & September **OR** ___ June & December
- Quarterly
- Annually, please indicate which month: _____

Client Authorization:

By signing below, I (We) hereby authorize CI Investments Inc. to automatically rebalance my (our) SunWise Policy based on the variance and frequency stated above by switching investments to return to my (our) target fund allocation if one or more fund holding(s) vary by more than the selected variance. I (We) understand there may be tax implications for these transactions for non-registered accounts.

4 Beneficiary Change

The Owner reserves the right to revoke the Beneficiary, unless the Beneficiary is irrevocable. For contracts signed in Quebec, the designation of a spouse as beneficiary is irrevocable unless otherwise specified.

| Beneficiary's Name | OPTIONAL Social Insurance Number | Relationship to Annuitant | Share (%) | Irrevocable Beneficiary |
|--|----------------------------------|---------------------------|-----------|--|
| | | | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contingent Beneficiary's Name (Optional) | OPTIONAL Social Insurance Number | Relationship to Annuitant | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(If LIRA, LIF or LRIF the beneficiary designation may not be valid if you have a spouse and select a different beneficiary)

Irrevocable Beneficiary Signature _____

5 Signatures

It is hereby agreed that this request and any other relevant declaration will form part of the changed policy.

Owner Signature _____ Joint Owner Signature _____ Date / /

Authorized Representative (as per Limited Trading Authorization if applicable) _____ Irrevocable Beneficiary Signature _____