



SunWise® Elite Including SunWise® Elite Plus
Segregated Funds Order Ticket
(existing clients only)



managed by CI Investments Inc.

issued by Sun Life Assurance Company of Canada

Owner's Last Name _____ Owner's First Name _____
 Joint Owner's Last Name _____ Joint Owner's First Name _____ Contract Number _____

1 Purchase and Redemption Trade Direction

(Including for SunWise Elite Private Managed Assets Program (PMA)*)

*If purchase into new sub-account, please attach the SunWise Elite PMA Program Enrolment Form.

- Cheque attached Subsequent purchase into Contract noted above (same Class of Funds)
 T2033/T2151 attached Purchase in a new sub-account Class A Class B Class C
 Bank deposit Redemption of units

(Do not use to make an initial contribution to SWE Plus (GMWB))

FUND NAME	FUND CODE	PREMIUM AMOUNT (\$ OR % PLEASE CHECK ONE)	FRONT-END FEE	PAC* AMOUNT	AWD** AMOUNT	WIRE ORDER NUMBER
		<input type="checkbox"/> \$ <input type="checkbox"/> %	%	\$		
		<input type="checkbox"/> \$ <input type="checkbox"/> %	%	\$		
		<input type="checkbox"/> \$ <input type="checkbox"/> %	%	\$		
		<input type="checkbox"/> \$ <input type="checkbox"/> %	%	\$		

* Pre-authorized chequing - PAC

** Automatic Withdrawal - AWD

Frequency: Weekly Bi-weekly Monthly Bi-monthly
 Quarterly Semi-Annually Annually

Please send redemption cheque to: Address on file Mail to financial institution on file Deposit directly into bank account on file

Special Instructions : _____

2 Please Complete for Switches Only

Including for switches to existing SunWise Elite Plus (GMWB Rider*), SunWise Elite Private Managed Assets Program (PMA**) and switches to different guarantee class options.

*The SunWise Elite Plus units trade under the corresponding fund codes with the addition of a P at the end of the code.

**If purchase into a new Class PMA sub-account, please attach the SunWise Elite PMA Program Enrolment Form.

PREMIUM AMOUNT (\$ OR % PLEASE CHECK ONE)	FROM: FUND NAME	FUND CODE	TO: FUND NAME	FUND CODE	WIRE ORDER NUMBER
<input type="checkbox"/> \$ <input type="checkbox"/> %					
<input type="checkbox"/> \$ <input type="checkbox"/> %					
<input type="checkbox"/> \$ <input type="checkbox"/> %					
<input type="checkbox"/> \$ <input type="checkbox"/> %					

Transfer fee % up to 2%

Transfer existing PAC/AWD plan to new fund Continue existing PAC/AWD plan on current fund Stop PAC/AWD plan.

3 To initiate RRIF /LIF /LRIF /PRIF and GMWB Payments for SunWise Elite Including SunWise Elite Plus (GMWB)

a) RRIF/LIF/LRIF/PRIF PAYMENTS (The payment date may be between the 1st and the 25th of any month)

- The minimum annual payment (MAP) requirement
 The maximum annual gross amount (for LIF/LRIF only)*
 The annual GWA/LWA (For SunWise Elite Plus contract holders only)
 An annual amount of \$ _____ Gross or _____ Net of fees and withholding taxes*

If no date or payment amount is indicated, CI will pay the RRIF/LIF/LRIF/PRIF minimum during the month of December, and will redeem units proportionately across all Funds.

b) NON-REGISTERED PLANS

- The annual GWA/LWA (For SunWise Elite Plus contract holders only)
 An annual amount of \$ _____ Gross or Net of fees*

*Withdrawals in excess of the annual GWA/LWA may have a negative impact on future guaranteed payments under the GMWB.

c) PAYMENT INSTRUCTIONS

Frequency (please choose only one): Monthly Quarterly Semi-Annually Annually Start date _____

- Deposit directly to bank account (please attach void cheque) Mail to Owner Mail to alternate address

Name _____
 Address _____
 City _____ Province _____ Postal Code _____

FUND NAME	FUND CODE	SURRENDER AMOUNT	OR	PERCENT
		\$		%
		\$		%
		\$		%
		\$		%

4 Client Authorization

For purchases, redemptions and transfers: I/We hereby authorize CI Investments to buy/sell and/or transfer units out of my/our Contracts in accordance with the instructions set out above. All redemptions and scheduled withdrawal plans must be signed by the Owner(s).

_____ _____ _____
 Owner Signature Joint Owner Signature Date

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

5 Representative Information (to be completed by the representative)

Cheque attached Copy of T2033/T2151 attached

Representative Name _____ Telephone Number _____ Representative Signature _____ Signature Guarantee Stamp (required for redemptions over \$25,000)
 Dealer Number _____ Representative Number _____

1. Any amount paid with the SunWise Elite & SunWise Elite Plus Order Ticket must be a cheque payable to: CI Investments Inc.
 2. When complete, please send the Head Office copy to: CI Investments Inc., Administration Office, CI Place, 151 Yonge Street, Eighth Floor, Toronto, Ontario, M5C 2W7 or at fax number 416-364-6299