

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

# REBALANCING SERVICE FORM

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

[sunlifeglobalinvestments.com](http://sunlifeglobalinvestments.com)

## REBALANCING SERVICE FORM

Sun Life Global Investments (Canada) Inc. ("Sun Life Global Investments"), c/o Operations,  
225 King Street West – 3rd Floor, Toronto, ON M5V 3C5 • Telephone: 1-877-344-1434 Fax: 1-855-329-7544

Sun Life Global Investments (Canada) Inc. ("Sun Life Global Investments") offers a rebalancing service to all investors. This service permits you to establish a strategic allocation for your mutual fund investments. You may select the frequency with which you want your mutual fund account rebalanced, and the variance that will be used to determine if a rebalance transaction should occur.

A separate rebalancing service form must be completed for each Sun Life Global Investment account where you wish to establish this service.

All rebalancing transactions are subject to the switch rules explained in the applicable mutual fund's simplified prospectus. Short term trading fees will not be applied to any rebalancing transactions. There is no fee for this service and your dealer may not apply a switch fee.

Rebalancing transactions will be processed on the last business day of the selected or default frequency.

Rebalancing services is not offered on securities held under the Deferred Sales Charge option or the Low Load Sales Charge option or within a Registered Education Savings Plan (RESP).

### 1 Account information

SLGI account number

OR Dealer account number

### 2 Account holder(s)/Annuitant information

Primary account holder/Annuitant

Last name

First name

Middle initials

Joint account holder (if applicable)

Last name

First name

Middle initials

### 3 New or change existing target weighting

If there is a discrepancy between the Fund number and Fund name, we will treat the Fund number as correct

Fund number	Fund name (optional)	Target weighting
		%
		%
		%
		%
		%
		%
		%
		%
		%
<b>Total</b>		<b>100%</b>

All mutual funds within my (our) account will be included in the service and will be rebalanced as per the mutual fund(s) and target weighting(s) indicated above.

Rebalancing services is not offered on securities held under the Deferred Sales Charge option or the Low Load Sales Charge option or within a Registered Education Savings Plan (RESP).

### 4 Select your frequency

Frequency\*:  Monthly (once a month)  Quarterly (March, June, September & December)  
 Semi-annually (June & December)  Annually (December)

\* If no selection is made, the default frequency will be quarterly.

### 5 Select your variance

The variance is the difference between the intended weighting as you have indicated in Section 3 and its weighting taken at a point in time. As mutual fund prices change daily, the variance may impact how frequently your account or mutual funds is/are rebalanced.

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%

\*If no selection is made, the default variance will be 2.5%.

## 6 Authorization

I (We) hereby authorize Sun Life Global Investments (Canada) Inc. to rely on my (our) standing instructions given above, and to rebalance my (our) mutual funds. I (we) authorize switching mutual funds to return to my (our) target weighting(s). If one or more mutual fund holding(s) vary by more than the selected or default variance, a rebalance transaction will occur on the last business day of the selected or default frequency.

I (We) understand there may be tax implications for these transactions for non-registered accounts.

I (We) understand and acknowledge that if 100% of one or more target mutual funds within my (our) target allocation are redeemed or switched / transferred out of my account, that upon the next rebalance transaction, the mutual funds in my (our) account will again include the mutual fund(s) that was (were) depleted. If I (we) want to remove or add a mutual fund(s) from the target fund allocation, or otherwise modify the rebalancing instructions, a new rebalancing service form must be completed and forwarded to Sun Life Global Investments 3 business days in advance of the next rebalancing. Such new rebalancing instructions will replace entirely any previous instructions.

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

### Sun Life Financial Privacy Statement for Canada

At Sun Life Global Investments, a member of the Sun Life Financial group of companies, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your account(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 and third party service providers who are responsible for the administration, processing and servicing of your account(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.sunlifeglobalinvestments.com](http://www.sunlifeglobalinvestments.com), or to obtain information about our privacy practices, send a written request by email to [privacyofficer@sunlife.com](mailto:privacyofficer@sunlife.com), or by mail to Privacy Officer, Sun Life Financial, 225 King St., West, Toronto, ON M5V 3C5.

I (We) hereby acknowledge having read the provisions contained in the "Sun Life Financial Privacy Statement for Canada" contained in this Application, and I (we) hereby agree to them.

\_\_\_\_\_  
Primary Account holder's / Annuitant's signature

Y|Y|Y|Y|M|M|D|D  
Date

\_\_\_\_\_  
Joint account holder's signature (if applicable)

Y|Y|Y|Y|M|M|D|D  
Date

\_\_\_\_\_  
Representative's Name

\_\_\_\_\_  
Dealer number

\_\_\_\_\_  
Rep. number

\_\_\_\_\_  
Representative's signature

Y|Y|Y|Y|M|M|D|D  
Date

