

PRE-AUTHORIZED CHEQUING AGREEMENT

Sun Life Assurance Company of Canada, is authorised to make monthly withdrawals from the account noted below, or any account designated to Sun Life. The withdrawals will pay for the monthly premium including taxes for the group policy issued by ourselves to the group policyholder. The premium due will be the amount stated in the monthly premium statement mailed to you by us. If any withdrawal is not honoured within the grace period allowed for premium payments, this agreement and the insurance coverage detailed in the premium statement will end without further notice. We will pay for any financial institution charges for handling withdrawals.

Policy No. & Subdivision:
Name of Financial Institution:
Address:

Complete the information in the boxes to the right using your current checking account as a guide.
PLEASE ATTACH A BLANK CHEQUE MARKED "VOID"

TRANSIT N° INSTITUTION N° ACCOUNT N°

0000	01234 001	1234 5678
	Transit N° Institution N°	Account N°

Name on Employer's Cheque: _____

Signature(s) of Account Holder(s): _____

Date: _____

The *SunAdvantage* products are offered by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

MAIL THIS FORM TO: SUNADVANTAGE CLIENT SERVICES, 1155 METCALFE, 3RD FLOOR, MONTREAL, QUEBEC, H3B 2V6
 FAX THIS FORM TO: SUNADVANTAGE CLIENT SERVICES, TOLL FREE 1-877-823-6605