



**3 Marital / Relationship status declaration**

Note: If your spousal status changes in the future, please complete a 'Change of records form' and also notify your Plan Sponsor.

I certify, at the time of this declaration, based on the definition of spouse under applicable pension legislation:

I have a spouse.

Name of Spouse (first, middle initial, last)

I do not have a spouse.

**4 Payroll deduction authorization**

**Required contributions:**

Your employer will deduct the required contribution as defined under the plan.

**5 Allocation of your contributions**

I request Sun Life Assurance Company of Canada to allocate contributions to the plan as follows:

This instruction applies to all future contributions. Percentages must be in whole numbers and must total 100%.

Fund name	Member Contributions	Employer Contributions
Sun Life Financial Money Market Segregated Fund (GM1)	_____ %	_____ %
PH&N Bond Segregated Fund (H8P)	_____ %	_____ %
PH&N Balanced Pension Segregated Fund (H8Q)	_____ %	_____ %
PH&N Canadian Equity Plus Pension Segregated Fund (H8R)	_____ %	_____ %
PH&N Overseas Equity Segregated Fund (H8T)	_____ %	_____ %
PH&N U.S. Equity Segregated Fund (H8S)	_____ %	_____ %
Total	100%	100%

If the total % does not equal 100%, or if this information is not completed, Sun Life Assurance Company of Canada reserves the right to invest the difference/total in the default fund chosen for the plan by your plan sponsor, which in the absence of a selection by your plan sponsor will be Sun Life Financial Money Market Segregated Fund.

**6 Your signature of authorization**

I hereby authorize Sun Life Assurance Company of Canada, its agents and service providers, to obtain, use and transmit to the Plan Sponsor, its agents and service providers, personal information about me for the purpose of plan administration.

Unless I indicate otherwise in the space provided below, information about me may also be collected, used by and shared among the members of the Sun Life Financial group of companies\*, their agents and service providers to provide me with investment and insurance products and services that will help me meet my lifetime financial objectives. Information may also be shared with agents and service providers of my Plan Sponsor to allow them to provide me with personal, financial advisory services.

No, I refuse permission

\*The companies in the Sun Life Financial group of companies mean only those companies identified in the Sun Life Financial Privacy Policy which is available on the Sun Life Financial Web site, [www.sunlife.ca](http://www.sunlife.ca).

Owner signature  X	Date (d / m / y)
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**Keeping your information confidential**

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third party providers and reinsurers who, in some instances, may be located in jurisdictions outside Canada. Your personal information may be subject to the laws of those foreign jurisdictions. Sun Life Financial's operations worldwide and our third party providers are required to protect the confidentiality of your personal information in a manner that is consistent with our privacy policy and practices.

To find out about our Privacy Policy, visit our website at [www.sunlife.ca](http://www.sunlife.ca), or to obtain information, send a written request by e-mail 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.