

Enrollment To Mutual Fund Services



In this form, "I" and "my" refer to the client/investor, while "the Company" and "SLAMC" refer to Sun Life Asset Management Company. "The Funds", on the other hand, refers to Sun Life Prosperity Funds.

1 General Information

Account Name	Client No.
Name of Licensed Mutual Fund Representative	

2 Declarations

Having read and understood the contents of this Form, I/we hereby apply for these facilities and/or privilege, and agree to abide by their terms and conditions.

I understand that implementation of these services and/or privilege may be delayed in case the requirements for these are not fulfilled.

I hold SLAMC, its officers and representatives free and harmless from any and all claims and liabilities, damages and suits of whatever nature arising out of or in connection with the implementation of this arrangement.

I understand that should I cancel my enrollment from any of these facilities/services, I am required to notify SLAMC in writing. My exclusion from the facilities shall take effect immediately upon receipt and validation of written instruction by SLAMC.

3 Enrollment Details and Signatures

Auto-Credit

Type of Account <input type="checkbox"/> SA <input type="checkbox"/> CA	Bank Account Number
Account Name	Name and Branch of Bank

I direct SLAMC to credit to my bank account indicated above all proceeds of my redemptions from the Funds. I authorize SLAMC to deduct from my redemption proceed/s all bank charges to be incurred by SLAMC in the implementation of my enrollment in this facility.

I understand that while SLAMC and the Fund/s will make all efforts, there is no guarantee that this facility will be made available to all investors who enroll. I am aware that enrollees with bank accounts in countries, cities, provinces or areas not covered by this facility will receive their redemption proceeds in a form of a cheque/s payable to the investor.

Name of Investor 1	Investor 1's Signature X	Date (day/month/year)
Name of Investor 2	Investor 2's Signature X	Date (day/month/year)

On-Line Statement of Accounts

I prefer to access my Statements of Accounts through SunLink on-line. I will be responsible for enrolling my mutual fund investments in Sun Life Prosperity Funds in the SunLink on-line, which will allow me to view the details and updates of my investments any time at any given day. I direct SLAMC to refrain from or discontinue providing me with printed quarterly SOAs to ensure the confidentiality of my accounts. This instruction is effective immediately and will remain in effect until I revoke it.

Name of Investor 1	Investor 1's Signature X	Date (day/month/year)
Name of Investor 2	Investor 2's Signature X	Date (day/month/year)

Facsimile Transaction

I acknowledge that by enrolling my mutual fund account in this facility I am authorizing SLAMC to process and treat all faxed documents bearing my signature as original documents. I understand that this facility is not applicable to my initial investment/s and subsequent transactions with issued share certificate in any of the Funds, and that this facility is only applicable to my subsequent subscriptions, transfers or redemptions upon receipt by SLAMC of faxed documents and forms bearing my signature.

In case of discrepancy in subscription amount indicated in the order ticket and amount remitted to SLAMC, or should the signature in the faxed document not match those in my signature cards, SLAMC reserves the right to not process the said transaction. On the other hand, in case the amount to be redeemed or transferred is lower than the investment in a Fund/s, I authorize SLAMC to redeem or transfer the available balance, and to close my account in the Fund/s.

I undertake to reimburse/indemnify the Bank for all costs, payments, damages and expenses, which SLAMC may be liable for or which the Company may incur or have incurred on the implementation of my faxed and signed transactions, even if same occurs through inadvertence or accident only.

Name of Investor 1	Investor 1's Signature X	Date (day/month/year)
Name of Investor 2	Investor 2's Signature X	Date (day/month/year)
Name of MF Representative	Signature X	MF Rep Code

