

Participant Declaration Form



Account Information			
PLAN SPONSOR/ISSUER OF SECURITIES		ACCOUNT NUMBER	
ACCOUNT HOLDER'S LEGAL NAME		2 nd ACCOUNT HOLDER'S LEGAL NAME (IF APPLICABLE)	
ACCOUNT HOLDER'S HOME ADDRESS		HOME PHONE NUMBER	
MAILING ADDRESS, IF DIFFERENT FROM HOME ADDRESS			
2 nd ACCOUNT HOLDER'S HOME ADDRESS AND HOME PHONE NUMBER (OR CHECK HERE IF SAME AS ACCOUNT HOLDER) <input type="checkbox"/>			
DATE OF BIRTH OF ACCOUNT HOLDER (DD/MM/YYYY)		DATE OF BIRTH OF 2 nd ACCOUNT HOLDER (DD/MM/YYYY)	
PRINCIPAL BUSINESS OR OCCUPATION OF ACCOUNT HOLDER		PRINCIPAL BUSINESS OR OCCUPATION OF 2 nd ACCOUNT HOLDER	
NAME OF PARENT OR LEGAL GUARDIAN OF THE ACCOUNT HOLDER (IF APPLICABLE; REQUIRED IF THE ACCOUNT HOLDER IS A MINOR LESS THAN 12 YEARS OF AGE)			
PARENT OR LEGAL GUARDIAN'S HOME ADDRESS AND HOME PHONE NUMBER (OR CHECK HERE IF SAME AS ACCOUNT HOLDER) <input type="checkbox"/>			
DATE OF BIRTH OF PARENT OR GUARDIAN (DD/MM/YYYY)		PRINCIPAL BUSINESS OR OCCUPATION OF PARENT OR LEGAL GUARDIAN	
Please answer questions below.			
1. If the account holder is (are) an individual (s), does the account holder (s), or any close family member (see table 1) hold (or have ever held) a position of political authority (see table 2) in or on behalf of a country other than Canada? (If yes, please see reverse for additional instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Table 1 – List of close family members			
Spouse/common law partner	Child	Parent or parent of spouse/common law partner	Sibling or step-sibling
Table 2 – List of positions of political authority			
Head of state or government	Member of executive council of government or legislature	Deputy minister	Ambassador, attaché, or counselor of an ambassador
Military officer with rank of general or above	President of a state-owned company or bank, or head of a government agency	Judge	Leader or president of a political party represented in a legislature
2. (a) Is the account holder a corporation, partnership, trust or other entity? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, see reverse for additional instructions and please answer parts (b) and (c) below)			
(b) Is the account holder a not-for-profit entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your Canada Revenue Agency registration number			
(c) Does any person own or control 25% or more of the entity? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide the information below. If there are more than two such beneficial owners, please attach an additional sheet.)			
BENEFICIAL OWNER'S NAME		2 ND BENEFICIAL OWNER'S NAME	
BENEFICIAL OWNER'S ADDRESS		2 ND BENEFICIAL OWNER'S ADDRESS	
BENEFICIAL OWNER'S PRINCIPAL BUSINESS OR OCCUPATION		2 ND BENEFICIAL OWNER'S PRINCIPAL BUSINESS OR OCCUPATION	
PERCENTAGE OWNED BY BENEFICIAL OWNER _____%		PERCENTAGE OWNED BY 2 ND BENEFICIAL OWNER _____%	
3. Will this account be used by, or on behalf of a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No (See reverse for third party definition; if yes, please provide applicable information below.)			
THIRD PARTY'S NAME		THIRD PARTY'S ADDRESS	
THIRD PARTY'S PRINCIPAL BUSINESS OR OCCUPATION		DATE OF BIRTH OF THIRD PARTY (DD/MM/YYYY)	IF THIRD PARTY IS A CORPORATION, PROVIDE INCORPORATION NUMBER AND PLACE OF ISSUE
DESCRIBE THE NATURE OF THE RELATIONSHIP BETWEEN THE ACCOUNT HOLDER AND THE THIRD PARTY			
Certification			
I/we agree to be bound by the terms and conditions in the prospectus or brochure that governs the plan which I/we have read and fully understand. I/we further agree that participation in the plan will continue until I/we notify you in writing that I/we desire to terminate participation in the plan. I/we acknowledge that withdrawals from the plan will be subject to terms and conditions of the plan. I/we agree to inform you if the above information changes. I/we understand that by signing below, You may confirm our identity by verifying my/our personal information with a third party vendor. I/we have attached a personal cheque as per the instructions on the back of this form. Please note the important information about payment methods and privacy on the back of this form.			
SIGNATURE OF ACCOUNT HOLDER	SIGNATURE OF 2 ND ACCOUNT HOLDER	SIGNATURE OF PARENT OR LEGAL GUARDIAN	DATE (DD/MM/YYYY)

Instructions

The *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada) requires that the transfer agent collect and record certain information relating to accounts it maintains for individuals or entities under a plan. These requirements apply to participants who want to make optional cash payments to their plan. If you wish to make an optional cash purchase, please remit payment using your personal cheque to us with this form. **Cash, bank drafts, money orders and wire transfers will not be accepted.**

If you have not previously completed and submitted a Participant Declaration or the information in it has changed, you must complete this form. **This form must be signed by all account holders listed (or their parent or guardian if applicable).** Without a valid Participant Declaration, we cannot process further optional cash payments and will return your contribution. This form **ONLY** applies for the plan sponsor noted.

Account Information

We must validate the identity of account holders and/or their representatives. The only viable way to do that is to confirm the account holders information with a third party vendor **AND** by obtaining a personal cheque payable to us drawn on a Canadian financial institution (or a foreign bank authorized in Canada under *The Bank Act* (Canada)) from all account holders or, if they are minors, their parent(s) or legal guardian(s).

- **If the account is in more than one name**, each account holder must provide their NAME, ADDRESS, DATE OF BIRTH and PRINCIPAL BUSINESS OR OCCUPATION. Each individual must also provide a personal cheque unless both the plan and bank accounts are joint accounts in the same names. Each account holder must also sign this form. This form provides for two account holders. If the plan is in the name of three or more account holders, please photocopy or download another copy of this form to provide information for the additional holders.
- **If the account is in the name of an individual aged 12 years and over**, the account holder must provide his or her NAME, ADDRESS, DATE OF BIRTH and PRINCIPAL BUSINESS OR OCCUPATION. The account holder must also provide a personal cheque and sign and date the form.
- **If the account is in the name of an individual who is a minor (under 12 years of age)** the NAME, ADDRESS, DATE OF BIRTH and PRINCIPAL BUSINESS OR OCCUPATION must be provided for both the account holder and for the parent or legal guardian. Under account holder's PRINCIPAL BUSINESS OR OCCUPATION indicate "minor child" or "student". The parent or legal guardian must also provide a personal cheque drawn on his/her own account, and sign and date the form.

Additional Information for Questions

- **Question 1:** If the account holder holds or has held one of the listed positions, the following must be provided (i) position held; (ii) country position held in or on behalf of; (iii) source of funds to be deposited (e.g. from savings, sale of house, etc.); (iv) length of time position held; and (v) relationship to account holder.

Question 1 is mandatory for all applications where the account holder is an individual (i.e. natural person).

- **Question 2(a):** If the account is in the name of a corporation, partnership, trust or other entity, all individuals authorized by the corporation, partnership, trust or other entity to have signing authority over the account and give instructions with respect of the account must provide their NAME, ADDRESS and DATE OF BIRTH. Each authorized individual (up to a maximum of three) must provide a personal cheque payable to us for one dollar and their information will be confirmed with a third party vendor. Please note that the dollar is non-refundable. Each authorized individual must also sign the form. This form provides for two authorized officers. If there are more than two, please photocopy or download another copy of this form to provide for the additional authorized officers.

A corporation must provide (i) description of its principal business; (ii) a copy of corporate authority to operate the account (e.g. excerpts from articles, by-laws or board resolutions); (iii) **either** a certificate of corporate status **or** any other record that confirms its existence; and (iv) list of its directors which includes their full name and occupation.

A partnership, trust or other entity must provide (i) description of its principal business; (ii) a copy of their partnership agreement, articles of association or other document that confirms the entity's existence; and (iii) list of its partners which includes their full name and occupation.

A corporation, partnership, trust or other entity must also provide a certificate of incumbency with specimen signatures for authorized

individuals. If the account holder is a corporation, partnership, trust or other entity, they must also respond to parts (b) and (c) of this question.

Question 2 is mandatory for all applications where the account holder is not an individual (e.g. companies, trusts, partnerships, etc.).

- **Question 3:** A third party is an individual or entity other than the account holder or those authorized to give instructions for the account, who directs what happens with the account. A third party may include a spouse, relative, etc.

Question 3 is mandatory for all applications.

Privacy Notice: In the course of providing trustee or other services to you and to our corporate clients, we or our agents may collect personal information which includes name, address, telephone number and other contact information, occupation, social insurance number or other tax identification number, financial information concerning investments of the individual and other information. We and our agents will collect, use and disclose personal information (including the personal information you have given us on this form) to process your request, to administer your account including without limitation, to confirm your identity as set out on this form and for other lawful purposes relating to our services — our Privacy Statement tells you more about this, and about our privacy commitment. All personal information is collected, used and disclosed by us in accordance with our Privacy Statement. It is available at: www.astfinancial.com/ca-en.

Please return completed form to:

AST
Dividend Reinvestment
P.O. Box 4229
Station A
Toronto, Ontario M5W 0G1

If you have any questions, you can reach AST:

By phone: (877) 224-1760 or (416) 682-3865

By email: sunlifeinquiries@astfinancial.com
www.astfinancial.com/ca-en

(Additional copies of the form are available at
www.astfinancial.com/ca-en/knowledge-center/forms/.)