

**REQUEST FOR ELECTRONIC PAYMENT OF:
DIVIDENDS, REDEMPTIONS OR INTEREST PAYMENTS**



NAME OF SECURITY		SECURITY HOLDER NUMBER		NEW <input type="checkbox"/>
				CHANGE <input type="checkbox"/>
NAME(S) IN WHICH SECURITIES ARE REGISTERED (PLEASE PRINT)				
ADDRESS				SUITE
CITY	PROVINCE / STATE	POSTAL/ZIP CODE	COUNTRY	

I / We hereby authorize and direct AST Trust Company (Canada) to deposit or cause to be deposited any and all future payments on the payable date for such payments to my/our account using electronic funds transfer at the following financial institution:

FINANCIAL INSTITUTION NAME
BRANCH ADDRESS

Please provide a cheque marked VOID or a letter from your financial institution to deposit payments into a chequing account. If you do not have a cheque available, please complete the following info:

NAME(S) OF ACCOUNT (MUST BE THE SAME AS SECURITY REGISTRATION)			
INSTITUTION NO.	BRANCH NO.	ACCOUNT NO.	
BRANCH ADDRESS			
CITY	PROVINCE / STATE	POSTAL/ZIP CODE	COUNTRY

ACKNOWLEDGEMENT AND AGREEMENT

I / We hereby agree and acknowledge that AST Trust Company (Canada), ("AST") may act and rely on these instructions until AST receives notice from me/us of the revocation or modification of these instructions, in writing, or, by way of this form.

SIGNATURE (1)

DATE

SIGNATURE (2)

DATE

Return completed form to:
AST
PO Box 700 Station
B Montreal, QC
H3B 3K3 CANADA

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