

# Automatic Cheque Plan (ACP) Authorization form



*From anywhere... to anyone*

**Return completed form to:**

Sun Life Assurance Company of Canada, Group Retirement Services  
227 King Street South PO Box 1601, Waterloo ON N2J 4C5

Please print clearly.

## Plan Sponsor information

Name of Plan Sponsor Canada Post Group Retirement Savings Plan (RSP)	Client ID C04WZ	Plan 01
---	--------------------	------------

## 1 Participant information

To be completed by the participant of an existing Sun Life Assurance Company of Canada group plan.

Name of participant (first, middle initial, last)		Account number
Telephone (day) (    )	Telephone (evening) (    )	Date of birth (d / m / y)

## 2 Automatic Cheque Plan (ACP) enrolment information

Complete a separate form for each product selected.

Deposit my contributions to the following product. Check only one:

- Employee RSP       Spousal RSP

I hereby authorize Sun Life Assurance Company of Canada to withdraw payments from my bank account indicated below each month and will notify Sun Life Assurance Company of Canada immediately of any change in my account information.

I confirm all people whose signatures are required to authorize withdrawals on the bank account indicated have signed this section. The monthly amount is to be invested according to the Allocation of contributions previously provided. I understand I may terminate this authorization by giving Sun Life Assurance Company of Canada five days written notice. I also understand a \$25 fee will be charged for any automatic cheques returned for insufficient funds.

Note: if the date you choose falls on a weekend or holiday, the transaction will be made on the next business day.

Total monthly amount (minimum \$50)	Start date (d / m / y)
-------------------------------------	------------------------

If you choose to contribute through ACP to more than one product, the start date and the banking information must be the same.

Canadian Bank, Trust Company or Credit Union
--

Branch address
----------------

Branch/Transit number	Bank number	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of account	
<input type="checkbox"/> chequing	<input type="checkbox"/> single
<input type="checkbox"/> savings	<input type="checkbox"/> joint

Signature of accountholder X	Date (d / m / y)
---------------------------------	------------------

Signature of joint accountholder (if applicable) X	Date (d / m / y)
---	------------------

## 3 Signature of authorization

Signature of participant X	Date (d / m / y)
-------------------------------	------------------

Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.