

Return the completed form to:

Sun Life Financial, Group Retirement Services
 PO Box 6029 Station D, Montreal QC H3C 3A7
www.sunlife.ca

Nota : La version française de ce document est également disponible.

Please PRINT clearly.

1 Plan sponsor and personal information				
Name of plan sponsor McGill University			Client ID <input type="checkbox"/> C0729 <input type="checkbox"/> C0G84	Plan 01 01
First name	Middle initial	Last name		
Social Insurance Number*	Account number			Telephone number (day)
Email address				Telephone number (evening)

*Your Social Insurance Number is used for administrative purposes so that information on this form is applied to your account.

2 Contribution information			
Complete a separate form for each product. Make your cheque payable to Sun Life Assurance Company of Canada.			
Contribution amount of attached cheque is \$ _____.			
Deposit this cheque to my: <input type="checkbox"/> RRSP <input type="checkbox"/> TFSA			
<input type="checkbox"/> Spousal RRSP	<table border="1"> <tr> <td>Spouse's first name</td> <td>Spouse's last name</td> </tr> </table>	Spouse's first name	Spouse's last name
Spouse's first name	Spouse's last name		



