

Authority to Transact

The Sun Life Prosperity Funds, referred to as "Funds," are all managed and distributed by Sun Life Asset Management Company, Inc. (SLAMCI), a member of the Sun Life Financial group of companies.

In this form, *you* and *your* refer to the investor/company's authorized signatory, while *we*, *us*, *our*, and the *Company* refer to SLAMCI.

Purpose of the Form:

This document allows someone other than you, referred to as your "Authorized Representative," to make transactions on your behalf depending on the level of authority you selected.

IMPORTANT NOTES:

You must accomplish and submit the completed form and a copy of your Authorized Representative's valid ID, (if he/she is not your MF Representative) through any of our Client Service Centers or our email at RequestSLAMCI@sunlife.com. For inquiries, please send an email to sunlink@sunlife.com.

Please write legibly by using **capital letters**. Write N/A if question is not applicable. Mark the box(es) with an "X" to indicate your choice(s) then sign the form only when completely filled out.

A Account Details

You are authorizing your representative to have transacting authority on your Sun Life Prosperity Funds account(s) listed below:

1. Account Number (e.g. 12345678CF01) Indicate all account(s)	

B Authorized Representative's Details

2. Name of Authorized Representative		3. Relationship to Investor	
4. Home Address (P.O. Box is not acceptable)			
No., Street, Village/Subdivision		Barangay	City/Municipality
Province/State		Country	Zip Code
5. Home Phone (country code, area code, & tel. no., e.g. +6325558888) +	6. Birthdate Day Month Year (e.g. 08-AUG-2008) — — —		
7. Philippine Tax Identification No. (TIN) — —		8. Occupation	
9. Name of Employer		10. Work Phone (country code, area code, & tel. no., e.g. +6325558888) +	
11. Work Address (P.O. Box is not acceptable)			
No., Street, Village/Subdivision		Barangay	City/Municipality
Province/State		Country	Zip Code

C Transacting Authority

12. Select one. If no option is chosen, Limited Transacting Authority shall apply.

Limited Transacting Authority

You allow your Authorized Representative ("Representative") to make inquiries on, add investments to, and/or perform fund switches to your Sun Life Prosperity Fund/s investments at your own risk. The Representative is bound by all present and future terms and conditions that apply to you.

Full Transacting Authority

In addition to the Limited Transacting Authority above, you allow your Representative to redeem your investments. Payments will be made in your name through check issuance or bank account credit as you have pre-authorized.

D Investor's Declaration, Terms, and Conditions

This Authority is an agreement between you, your Representative, and SLAMCI.

You have received, read, and agreed to be bound by this Authority and all future changes to it. You authorize the Representative to exercise all rights and powers stated in this form with respect to your investment(s) listed including incurring sales load and other charges for new investments. You have informed your Representative of all applicable laws and SLAMCI terms and conditions as well as policies that apply to you and your account. You ensure his/her compliance with the conditions mentioned previously as well as the rules that apply to your account. You oblige SLAMCI, its affiliates, and any other SLAMCI-authorized person to process and rely on your Representative's instructions without further approval from you. SLAMCI assumes no responsibility to review or monitor the decisions or activities of your Representative. SLAMCI will continue to recognize this Authority until receipt of a written notice of termination arising from your revocation of this Authority, disability, incapacity, and death. Such notice will not affect your responsibilities arising prior to SLAMCI's receipt of the notice.

Release and Indemnification

You will take full responsibility for your Representative's acts or omission. You agree to hold SLAMCI, its affiliates, successors, assignees, control persons, officers, directors, representatives, and employees harmless from any and all losses, liabilities, claims, and costs (including reasonable attorney's fees) that may arise from any act or omission of your Representative; and to compensate SLAMCI promptly upon demand. The provisions found in this Authority to Transact is in addition to and does not restrict any right which may exist in law or under any other agreements between you and SLAMCI and the Sun Life Prosperity Funds as they currently exist and as may be modified in the future.

Governing Law

This authorization shall be read, administered, and enforced according to the laws of the Republic of the Philippines.

Successors and Assignees

This authorization shall bind your successors, assignees, heirs, executors, and administrators.

E Authorized Representative's Declaration

This declaration is between you, the investor you are representing, and SLAMCI.

As Representative of the investor, you have read, understood, and will comply with all applicable laws and SLAMCI terms and conditions and policies that apply to the investor and the account. You declare that all acts in relation to the investment(s) are fully authorized by the investor. You agree to cease all activities in connection with the investment(s) and to notify SLAMCI immediately in writing upon revocation of this authority as well as the investor's disability, incapacity, or death.

F Declarations

You have read, understood, and accepted the terms and conditions in this Authority. You declare that your financial transactions are based on your continuing declaration and representation that your co-investor(s) is/are still living and SLAMCI may, at its discretion rely on such continuing declaration and representation. SLAMCI reserves the right to seek legal action in the event of any misrepresentation or fraud with regard to this request.

13. Printed Name and Signature of Investor	14. Date of Signing (e.g. 08-AUG-2008)	Day	Month	Year
15. Printed Name and Signature of Co-Investor	16. Date of Signing (e.g. 08-AUG-2008)	Day	Month	Year
17. Printed Name and Signature of Authorized Representative	18. Date of Signing (e.g. 08-AUG-2008)	Day	Month	Year
19. Printed Name and Signature of Witness (If the MF representative is given the authority to transact, the Unit Manager (UM) or Branch Manager (BM) should sign as witness.)	20. Date of Signing (e.g. 08-AUG-2008)	Day	Month	Year

21. Would you like to receive personalized communications and product offers from SLAMCI, Sun Life of Canada (Philippines), Inc. (SLOCPI)?
Yes No

For Office Use Only

22. Date Received	23. Time Received	24. Receiving Department/Office
25. Remarks		