

Date

**Subject: Certified UITF Sales Personnel (CUSP) Retention Letter**

To whom it may concern,

This is to instruct Sun Life Investment Management and Trust Corporation (SLIMTC) to retain the Certified UITF Sales Personnel (CUSP) below as the CUSP for **UITF Account Number** \_\_\_\_\_ with **UITF Account Name** \_\_\_\_\_ :

|                     |  |
|---------------------|--|
| <b>CUSP Name</b>    |  |
| <b>Advisor Code</b> |  |
| <b>Branch</b>       |  |

I also hereby certify that I shall hold SLIMTC free from all liability in connection with the transaction, particular in transferring the CUSP.

This instruction supersedes my Advisor Change Request dated \_\_\_\_\_

Thank you for accommodating this request.

Signed,

**Primary Account Holder/Authorized Signatory (1)**

Printed Name

Signature

*(if there are multiple account holders/authorized signatories required to sign, please use the space below)*

**Primary Account Holder/Authorized Signatory (2)**

Printed Name

Signature

**Primary Account Holder/Authorized Signatory (3)**

Printed Name

Signature

**Primary Account Holder/Authorized Signatory (4)**

Printed Name

Signature

**Primary Account Holder/Authorized Signatory (5)**

Printed Name

Signature

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For inquiries, feedback, requests, or complaint, you may contact us through (02) 8849 9888 or email us at [SLIMTC.Communications.Notice@sunlife.com](mailto:SLIMTC.Communications.Notice@sunlife.com)  
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