

Beneficiary nomination



New Change

By completing section 2, I revoke all previously nominated beneficiary nominations and make the following nomination, where permitted by law. If your contract includes optional benefits, complete the Beneficiary Nomination with Optional Benefits form.

Note: If you previously designated an irrevocable beneficiary, then the irrevocable beneficiary's consent is required for you to either: (a) replace the irrevocable beneficiary or (b) change the coverage amount or the percentage of benefits payable to the irrevocable beneficiary, resulting in a decreased allocation to the irrevocable beneficiary. Please have the irrevocable beneficiary complete section 4 of this form.

Please PRINT clearly. Complete the form in ink, sign and date the form on page 2 and return to your plan administrator for handling.

1 Plan member details

Be sure to complete all plan member information.

Plan member's last name		Middle initial	First name	
Date of birth (yyyy-mm-dd)	Contract number		Location/billing group number	Plan member ID
Address (street number and name)				Apartment or suite
City				Province Postal code
Telephone number	Email address			

2 Beneficiary nomination (to be completed by the plan member)

Be sure to show the beneficiary's first and last name, as well as the relationship to you.

You must initial any changes or deletions. Correction fluid cannot be used.

If you are nominating a beneficiary who is a minor, please see section 5.

NOTE: In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

Beneficiary for **Employee BASIC Life** and **Accidental Death Benefits (if applicable)**

Last name	First name	Relationship to plan member	Percentage
			%
			%
			%

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. Revocable beneficiary

If you do not nominate a beneficiary, the proceeds will be paid to your estate.

3 Appointing contingent beneficiaries

If you wish to appoint a contingent beneficiary, in the event that there are no surviving beneficiaries at the time of your death, please complete this section.

If there are no surviving beneficiaries at the time of my death, I declare that the following contingent beneficiaries shall receive the proceeds. If there are no surviving contingent beneficiaries at the time of my death, the proceeds shall be paid to my estate.

Unless I specify otherwise, my contingent beneficiary will apply to all benefits for which I have coverage. I revoke all previous contingent beneficiary appointments.

Last name	First name	Relationship to plan member	Percentage %
			%
			%
			%

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. Revocable beneficiary

4 Irrevocable beneficiary consent (if applicable)

Only complete this section if you are an irrevocable beneficiary. If you were named as an irrevocable beneficiary, then the plan member requires your consent to: (a) replace you as beneficiary or (b) change the percentage of benefit payable to you upon the member's death.

Irrevocable beneficiary

Last name	First name
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By signing below, I consent to the change of beneficiary as set out in this form. I hereby declare that I am of legal age.

Signature of beneficiary X	Date signed (yyyy-mm-dd)
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5 Nomination of trustee for minor beneficiary other than Quebec residents

If you wish to designate minor children as beneficiaries, a trustee must be designated.

NOTE: In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

Any payments becoming due while the beneficiary(s) is a minor* are to be made to _____ as trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to the trustee will discharge the company.
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* A minor is a child who has not reached the age of majority as defined by provincial legislation.

6 Authorization and signature

IMPORTANT:

You must sign and date the form.

I authorize Sun Life Assurance Company of Canada, its agents and service providers, its reinsurers and their service providers to collect, use and disclose relevant information about me to administer and audit the plan as well as pay claims. This consent will continue for so long as I have coverage under this plan.

I confirm that either (a) I did not previously appoint an irrevocable beneficiary under this group benefits plan issued by Sun Life or any other carrier; or, alternatively (b) I obtained the consent of the irrevocable beneficiary, who has completed section 4, as required.

Plan member signature X	Date (yyyy-mm-dd)
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7 Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.