

Beneficiary Nomination

☐ New ☐ Change

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

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 your current beneficiary nomination is irrevocable, your current beneficiary must agree to revoke their rights by completing a Consent by Beneficiary Form.

1 Member information

Be sure to complete all Member information.

First name	Last name	
Contract number	Location/billing group number	Plan member ID

2 Beneficiary Nomination (to be completed by the Member)

You must complete the form in ink, sign and date the form.

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 see section 4 or 5.

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

Name (first, last)	Relationship to plan member	Percentage
Name (first, last)	Relationship to plan member	Percentage
Name (first, last)	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. <input type="checkbox"/> Revocable beneficiary		

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 employee benefits for which I have coverage. I revoke all previous contingent beneficiary appointments.

Name (first, last)	Relationship to plan member	Percentage
Name (first, last)	Relationship to plan member	Percentage
Name (first, last)	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. <input type="checkbox"/> Revocable beneficiary		

4 Nomination of trustee for minor beneficiary other than Quebec residents

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

Any payments becoming due while the beneficiary(s) are 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.

5 Nomination of trustee/administrator for minor beneficiary for Quebec residents

In Quebec, if you wish to designate minor children as beneficiaries, an administrator may be designated. A trustee may also be designated but a trust must then be set up more formally in accordance with the Civil Code of Quebec. A lawyer or notary should then be consulted. Unless specifics of a trust are provided, an appointment of trustee/administrator herein shall refer to an administrator according to the Civil Code of Quebec.

Any payments becoming due while the beneficiary is a minor* are to be made to _____ as trustee/administrator, or failing such trustee/administrator, to the minor child's tutor. Payment to the trustee/administrator or to the minor child's tutor will discharge the company.

* A minor is a child who has not reached the age of 18 years.

6 Authorization

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 use and exchange relevant information about me to underwrite, administer and pay claims.

Member's signature

X

Date (yyyy/mm/dd)