

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 | Billing Group/Location Number | Member ID Number | |

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 first and last name, as well as Relationship to Member.

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.

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

| First Name | Last Name | Relationship to Member | Percentage |
|------------|-----------|------------------------|------------|
| | | | |
| | | | |
| | | | |

Where Quebec law applies, a spouse beneficiary is irrevocable unless you make the designation revocable by checking here: Revocable

3 Appointing Contingent Beneficiaries

If you wish to appoint a contingent beneficiary, 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.

Contingent Beneficiary

| First Name | Last Name | Relationship to Member | Percentage |
|------------|-----------|------------------------|------------|
| | | | |
| | | | |
| | | | |

4 Trustee Nomination for Minor Beneficiary

If you wish to designate minor children, a Trustee must be designated in all provinces other than Quebec. In Quebec, there is no legal requirement that a Trustee be designated, but if there is one, a Trust must be established by a separate Trust agreement.

Any payments becoming due during the minority of the minor(s) to be made to _____ as trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to said trustee shall discharge the company.

5 Authorization

I authorize Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information collected in this form to underwrite, administer and pay claims.

You must sign and date the form.

| | |
|-------------------------|--------------|
| Member's signature X | Date (d/m/y) |
|-------------------------|--------------|