

Beneficiary Nomination with Optional Benefits



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 and/or 3 I revoke all previously nominated beneficiary nominations and make the following nomination, where permitted by law.

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	

2 Employee Beneficiary Nomination (to be completed by the Member)

IMPORTANT: Complete each section for any benefits for which you have coverage.

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 5.

Beneficiary for **Employee Basic 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

Beneficiary for **Employee Optional 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 Spouse Beneficiary Nomination (to be completed by the Member)

Complete this section if you have spouse optional coverage.

Beneficiary for **Spouse Optional Life and Accidental Death Benefits (if applicable)**
You may nominate yourself or someone other than your spouse as the beneficiary. If no beneficiary is nominated, you are automatically the beneficiary.

First Name	Last Name	Relationship to Member	Percentage

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

Contingent Beneficiary

First Name	Last Name	Relationship to Member	Percentage

5 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.

6 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)
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