

# Beneficiary Nomination with Voluntary Benefits

## Keeping Your Information Confidential

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third-party providers and reinsurers who, in some instances, may be located in jurisdictions outside Canada. Your personal information may be subject to the laws of those foreign jurisdictions. Sun Life Financial's operations worldwide and our third-party providers are required to protect the confidentiality of your personal information in a manner that is consistent with our privacy policy and practices.

To find out about our Privacy Policy, visit our website at [www.sunlife.ca](http://www.sunlife.ca), or to obtain information about our privacy practices, send a written request by email to [privacyofficer@sunlife.com](mailto:privacyofficer@sunlife.com), or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

New  Change

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 Plan member details

Be sure to complete all Member information.

Plan member's last name	Middle initial	First name	
Contract number	Location/billing group number	Plan member ID	

## 2 Beneficiary nomination (to be completed by the plan 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 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 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 of the minor child.

### Beneficiary for Employee Basic Life (Sun Life Assurance Company of Canada, Contract 50743)

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

### Beneficiary for Employee Basic Accidental Death Benefits (Chartis Insurance Inc., Contract BSC9027876)

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

### Beneficiary for Employee Voluntary Life (Sun Life Assurance Company of Canada, Contract 50743)

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

**2 Beneficiary nomination (continued)** Beneficiary for Employee Voluntary Accidental Death Benefits (Chartis Insurance Inc., Contract BSC9027877)

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 Spouse beneficiary nomination (to be completed by the plan member)**

Complete this section if you have spouse voluntary coverage.

 Beneficiary for Spouse Voluntary 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.

Last name	First name	Relationship to plan member	Percentage

**4 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

**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 of the minor child.

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.

\* A minor is a child who has not reached the age of majority as defined by provincial legislation.

**6 Authorization**

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 underwrite, administer and pay claims.

I authorize Sun Life Assurance Company of Canada to collect, use and disclose Beneficiary information with my other insurance carrier, or any other subsequent insurance carrier, in the administration of claims.

Member's signature X	Date (dd-mm-yyyy) -- --
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