

# Beneficiary nomination with optional benefits



## 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 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. 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, 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](http://www.sunlife.ca/privacy).

By completing section 2 and/or 3, I revoke all previously nominated beneficiary nominations and make the following nomination, where permitted by law.

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.

First name	Middle initial	Last name
Contract number <b>101798</b>	Location/billing group number	Member ID

## 2 Basic Life (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.

### a. Beneficiary nomination (to be completed by the plan member)

Beneficiary for Employee BASIC Life (if applicable)

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

### b. Appointing contingent beneficiaries

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.

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

### c. Nomination of trustee for minor beneficiary

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.

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 Nomination of trustee for minor beneficiary.

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

### 3 Optional Life

Same as Basic Life

a. Beneficiary for Employee OPTIONAL Life and AD&D benefits (if applicable)

Beneficiary for Employee OPTIONAL Life (if applicable)

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

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

You are automatically the beneficiary for Spouse Optional Life.

b. Appointing contingent beneficiaries

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.

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

c. Nomination of trustee for minor beneficiary

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.

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

### 4 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.

Member's signature X	Date (mm-dd-yyyy) - -
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Send the completed form to the following address and retain a copy for your records.

**ConnectionPoint**  
**University of Saskatchewan**  
Arts Building Room 258  
9 Campus Drive  
Saskatoon SK S7N 5A5