

# Beneficiary change request form

## Policy information

List the numbers of the policies for which you would like to change the beneficiaries

Policy number (xxxx,xxx-x)
----------------------------

## Owner information

Information about the owner of the policy

First name	Middle name	Last name	Phone number	Date of birth (dd-mm-yyyy)
------------	-------------	-----------	--------------	----------------------------

Is there more than one policy owner?  Yes  No

First name	Middle name	Last name	Phone number	Date of birth (dd-mm-yyyy)
------------	-------------	-----------	--------------	----------------------------

## Insured person/annuitant information

Information about the insured person/annuitant (use a separate form for each insured person/annuitant)

First name	Middle name	Last name	Phone number	Date of birth (dd-mm-yyyy)
------------	-------------	-----------	--------------	----------------------------

## Primary beneficiary information

FOR QUEBEC ISSUED POLICIES ONLY: Are you naming your legally married or civil union spouse as beneficiary?

Yes  No In Quebec, if you name your legal spouse (marriage or civil union) as the beneficiary, **this beneficiary will be irrevocable unless you check the revocable box.**  Revocable beneficiary

Are you naming primary beneficiaries?  Yes  No

**Important: You must initial any corrections on the form**

**Your new primary beneficiaries** If there is more than one primary beneficiary and one of them dies before the insured person, that beneficiary's benefits are divided equally among the remaining primary beneficiaries. This applies in Quebec only if you designated beneficiaries to received death benefits in equal shares. In cases of unequal shares, the predeceased beneficiary's share will revert to you or your estate.

Name (first, middle, last or name of estate, company or trust)	Relationship to the insured person (in Quebec, relationship to the owner)	% shared equally unless otherwise specified
		%
		%
		%
<b>Total</b>		0.00 %

BENE



## Secondary beneficiary information

Are you naming secondary beneficiaries?  Yes  No

**Your new secondary beneficiaries** If all the primary beneficiaries die before the insured person the secondary beneficiary(ies) will receive the benefits when the insured person dies. If there are no living beneficiaries, the benefits will be paid to you or your estate.

Name (first, middle, last or name of estate, company or trust)	Relationship to the insured person (in Quebec, relationship to the owner)	% shared equally unless otherwise specified
		%
		%
		%
<b>Total</b>		0.00 %

## Trustee information

Is the beneficiary under the age of 18?  Yes  No

**Please name a trustee.** (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.) **I authorize the trustee to receive any payments on behalf of the beneficiary while under the age of 18 (16 in Nunavut) and to apply the proceeds solely for the support, maintenance, education and benefit of such beneficiary at the discretion of the trustee.**

First name	Middle name	Last name
------------	-------------	-----------

Or

Name of company
-----------------

## Acknowledgment and signature

By signing below I/We, the policy owner(s), confirm that:

- If I've/We've named new primary beneficiary(ies) above, these will cancel and replace all previous primary and secondary beneficiary(ies) and trustee appointments, and optional settlement directions.
- If I've/We've named new secondary beneficiaries above, these will cancel and replace all previous secondary and trustee appointments.
- Sun Life Assurance Company of Canada is not responsible for the effect of any beneficiary appointment.

**Note:** For multiple owners, all owners must sign. If the owner is a company, include the signing officers' names and titles

**Sign and date here** (a power of attorney/mandatary cannot sign for the owner):

Signature of policy owner (if owner is a company, include the signing officer name and title) X		Date (dd-mm-yyyy)
Signed at city	Signed at province	
Advisor first name	Advisor last name	Advisor number

**Return to:** Sun Life Assurance Company of Canada  
227 King Street South  
P.O. Box 1601, STN Waterloo  
Waterloo, ON N2J 4C5

Policy number(s)
------------------