

# Beneficiary change request form

Important: You must initial any corrections to the form.

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

Policy number	Policy number	Policy number	Policy number
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## 2. Information about the owner of the policy

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

## 3. Information about the insured person (use a separate form for each insured person)

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

## 4. IMPORTANT: For policies issued in Quebec, are you naming your legally married or civil union spouse as beneficiary?

- No  Yes 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

## 5. a) Your new primary beneficiaries

The primary beneficiary receives the benefits under a policy that are payable when the insured person dies. If there is more than one primary beneficiary and one of the primary beneficiaries dies before the insured person, that beneficiary's benefits are divided equally among the remaining primary beneficiaries.

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

## 5. b) Your new secondary beneficiaries

If all the primary beneficiaries die before the insured person, the secondary beneficiary or beneficiaries will receive the benefits when the insured person dies. If there are no living beneficiaries, the benefits will be paid to the owner.

		%
		%
		%

## 6. If the beneficiary is under the age of 18, 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 and to apply the proceeds solely for the support, maintenance, education and benefit of such beneficiary at the discretion of the trustee.**

First name	Last name	Name of company
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## 7. By signing below I, the policy owner, confirm that:

- If I've named new primary beneficiaries above, these will cancel and replace all previous primary and secondary beneficiary and trustee appointments, and optional settlement directions.
- If I'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 cannot sign for the owner):

Signature of the owner of the policy X		Date (dd-mm-yyyy) — —
Signed in city	Signed in province	
Advisor's first name	Advisor's last name	Advisor's ID number

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

**Please send fax or original.**

For SLF use: BENE
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