

Beneficiary nomination with optional 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, or to obtain information about our privacy practices, send a written request by email to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

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 101798	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.

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.

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.

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

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 (dd-mm-yyyy) - -
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Send the completed form to the following address and retain a copy for your records.

Human Resources
University of Saskatchewan
E140 - 105 Administration Place
Saskatoon SK S7N 5A2