



Beneficiary designation and authorization form (FPP)

Return completed form to:

Sun Life, Group Retirement Services

PO Box 11001 Stn CV, Montreal QC H3C 3P3

Nota : La version française de ce document est également disponible.

Please PRINT clearly.

1 Plan and your po	ersonal information							
Name of Plan Sponsor							Client ID	
The Trustees for the UBC Faculty Pension Plan							C0KHL	
First name		Middle initial	Last	name			1	
Date of birth (dd-mm-yyyy)	Social Insurance Number*	Member ID						
Address (street number and nam	ne)				Apartr	nent or sui	te	
City					Provin	ce	Postal code	
Email address				Telephone number (day)		Telephon	e number (evening)	

If you die prior to retirement, the BC Pension Benefits Standards Act provides that your spouse at the time of your death is entitled to 100% of the pre-retirement death benefit. You spouse may waive their entitlement; however, they cannot be a partial beneficiary for any portion of the pre-retirement death benefit.

To waive their entitlement, your spouse must provide the plan sponsor a duly completed "Form 4 - Spouse's Waiver of Beneficiary Right to Benefits in a Pension Plan, Locked-In Retirement Account, Life Income Fund Or Annuity Before Payments Start", which must be signed and witnessed in the absence of the member before the member's death.

Complete the appropriate section to designate a beneficiary for your account.

If you have a spouse when you die, the law may stipulate that all or part of the death benefit be paid to your qualifying spouse, unless your spouse waives the death benefit. A beneficiary designation other than your spouse would only apply to those death benefits which are not, according to the law, payable to your surviving spouse. If you wish your spouse to receive all benefits, please ensure you designate your spouse as beneficiary in the space below. In the absence of a beneficiary designation, and if not payable to your spouse as prescribed by law, death benefits will be paid to your estate. It is important for you to ensure that you specify in your will to whom the death benefit should be paid.

Spouse means, in relation to the Member, a person to whom, on the relevant date, one of the following applies:

- (a) the person is
 - (i) married to the Member, and
 - (ii) has not been living separate and apart (as described in the British Columbia Pension Benefits Standards Act) from the Member for a continuous period longer than 2 years;
- (b) a person who has been living with the Member in a marriage-like relationship for a period of at least 2 years immediately preceding the relevant date.

Spouse does not include any person who is not recognized as a spouse or common-law partner for the purposes of any provision of the Income Tax Act (Canada) respecting registered pension plans.

If you live in British Columbia, for the purposes of retirement benefits, the person is not considered your spouse if a notice of division of a pension entitlement arising under a separation agreement or an order under Part 5 or 6 of the Family Law Act is filed prior to commencement of payments.



^{*}Your Social Insurance Number is used for administrative purposes so that information on this form is applied to your account.

Beneficiary designation (primary) – Registered Pension Plan

Contract number **97270-G**

I, the owner, revoke any previous beneficiary designations and name as beneficiary for benefits due on my death:

	,	
Middle initial	Last name	
	Data of high (dd gang yng)	, , , , , , , , , , , , , , , , , , ,
	Date of birth (dd-mm-yyyy)	Percentage of benefits
		%
Middle initial	Last name	•
•	Date of birth (dd-mm-yyyy)	Percentage of benefits
		%
		70
Middle initial	Last name	·
•	Date of birth (dd-mm-yyyy)	Percentage of benefits
		%
		70
	Middle initial	Date of birth (dd-mm-yyyyy) Middle initial Last name Date of birth (dd-mm-yyyyy) Middle initial Last name

If your beneficiary is irrevocable, you may not change your beneficiary designation and may not be able to withdraw/transfer your assets out of the plan unless you provide Sun Life with the irrevocable beneficiary's written consent.

If you designate another person than your spouse as primary beneficiary, you must also complete section 3 below (Marital/Relationship status declaration).

3	Marital/Relationship status de	claration
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Note: If your s	tatus changes in	the future, pleas	se complete/sul	bmit a 'Change	of records' fo	orm and notify y	our plan sponsor.
I certify, at the	e time of this dec	laration, based o	n the definition	n of spouse app	licable under	pension legislati	ion:

Spouse's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy)

☐ I do not have a spouse.

4 Contingent (secondary) beneficiary appointment

Complete this section to appoint a contingent (secondary) beneficiary for your account.

If there is no surviving beneficiary at the time of my death, I declare that the following contingent beneficiary shall receive all benefits due on my death in accordance with any applicable legislation. If there is no surviving contingent beneficiary at the time of my death, the proceeds shall be paid to my estate.

Unless I indicate otherwise, this contingent beneficiary appointment applies to the above beneficiary designations.

I revoke all previous contingent beneficiary appointments.

Beneficiary's first name	Middle initial	Last name	
Relationship to you	·	Date of birth (dd-mm-yyyy)	Percentage of benefits
			%
Beneficiary's first name	Middle initial	Last name	
Relationship to you	<u>'</u>	Date of birth (dd-mm-yyyy)	Percentage of benefits
			%
Beneficiary's first name	Middle initial	Last name	<u>'</u>
Relationship to you	-	Date of birth (dd-mm-yyyy)	Percentage of benefits
			%

If you wish to appoint a trustee for a minor beneficiary, please complete this section.						
Middle initial	Last name					
	•					

Appointment of trustee for a minor beneficiary (not valid in the province of Quebec)

Note: the Trustee may have to account for its administration to the Public Trustee.

Any amount payable to a minor beneficiary during his/her minority will be paid to the individual named hereunder, as Trustee for the minor child.

First name of trustee	Middle initial	Last name	Relationship to you

Payment to the Trustee shall discharge Sun Life. Sun Life cannot be responsible for the effect or sufficiency of the appointment.

6 Your signature of authorization

I authorize Sun Life Assurance Company of Canada, its agents and service providers, to obtain, use and transmit to my plan sponsor, its agents and service providers, my personal information for the purpose of plan administration.

I also authorize Sun Life Assurance Company of Canada, its agents and service providers to transmit my personal information to the advisor appointed by my plan sponsor, if any, or to my personal advisor for the purpose of enabling in-plan advisory services.

Signature	Date (dd-mm-yyyy)
X	

7 Respecting your privacy

Our Purpose is to help our Clients achieve lifetime financial security and live healthier lives. We collect, use and disclose your personal information to: develop and deliver the right products and services; enhance your experience and manage our business operations; perform underwriting, administration and claims adjudication; protect against fraud, errors or misrepresentations; tell you about other products and services; and meet legal and security obligations. We collect it directly from you, when you use our products and services, and from other sources. We keep your information confidential and only as long as needed. People who may access it include our employees, distribution partners such as advisors, service providers, reinsurers, or anyone else you authorize. At times, unless we're prohibited, they may be outside your jurisdiction and your information may be subject to local laws. You can always ask for your information and to correct it if needed. In most cases, you have a right to withdraw your consent, but we may not be able to provide the requested product or service. Read our Global Privacy Statement and local policy at www.sunlife.ca/privacy or call us for a copy.

Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life group of companies.