

Beneficiary designation and authorization form (Supplemental Arrangement)

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 personal information

Name of Plan Sponsor University of British Columbia			Client ID C0KHL	Plan 03
First name		Middle initial	Last name	
Date of birth (dd-mm-yyyy)	Social Insurance Number*	Member ID		
Address (street number and name)			Apartment or suite	
City		Province	Country	Postal code
Email address		Telephone number (day)		Telephone number (evening)

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

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

In the absence of a beneficiary designation, 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.

Note: To appoint a trustee for a beneficiary who is a minor, please complete the 'Appointment of trustee for a minor beneficiary' section. In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

Caution in all provinces except Quebec: Your designation of a beneficiary will not be changed or revoked automatically by any future marriage or divorce. Should you wish to change or revoke your beneficiary in the event of a future marriage or divorce, you have to make a new designation.

Following are the values to be used for relationship*

Husband (married)	Wife (married)	Spouse	Civil union	Common-law
Fiancé(e)	Friend	Former spouse	Father	Mother
Brother	Sister	Son	Daughter	Nephew
Niece	Aunt	Uncle	Cousin	Grandchild
Grandparent	Step family	Family-in-law	Institution	Other

NFC



2 Beneficiary designation (primary) – Supplemental Arrangement

Contract number

97271-G

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

Beneficiary's first name	Middle initial	Last name	
*Relationship to you (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
*Relationship to you (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
*Relationship to you (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %

3 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 (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
*Relationship to you (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
*Relationship to you (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %

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

If you wish to appoint a trustee for a minor beneficiary, please complete this section.

First name of minor beneficiary	Middle initial	Last name

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.

5 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 purposes of plan administration.

Signature X	Date (dd-mm-yyyy)
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6 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.