

# Beneficiary designation and authorization form (Supplemental Arrangement)

Return completed form to:

Sun Life Financial, 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 <b>University of British Columbia</b>			Client ID <b>C0KHL</b>	Plan <b>03</b>
First name		Middle initial	Last name	
Date of birth (dd-mm-yyyy)	Social Insurance Number*	Identification number		
Address (street number and name)			Apartment or suite	
City			Province	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)	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

ENRLMNT



## 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)	<input type="checkbox"/> Revocable**	Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
*Relationship to you (refer to above values)	<input type="checkbox"/> Revocable**	Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
*Relationship to you (refer to above values)	<input type="checkbox"/> Revocable**	Date of birth (dd-mm-yyyy)	Percentage of benefits %

\*\*Where Quebec law applies, a **married or civil union spouse** beneficiary is **irrevocable** unless you indicate otherwise. To avoid this restriction and make your legal spouse designation revocable, you must check the revocable box above.

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 Financial with the irrevocable beneficiary's written consent.

## 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 Financial. Sun Life Financial cannot be responsible for the effect or sufficiency of the appointment.

#### 5 Your signature of authorization

I require that all future communications, including this application and Group Plan documents, be provided in English.

Unless I select 'No' below, I agree that my information may be collected, used and shared with the members of the Sun Life Financial group of companies\*\*, their agents and service providers to inform me of other financial products and services that they believe meet my changing needs.

No, I refuse permission.

\*\*The companies in the Sun Life Financial group of companies mean only those companies identified in Sun Life Financial's Privacy Policy for Canada which is available on the Sun Life Financial website, [www.sunlife.ca](http://www.sunlife.ca).

Signature	Date (dd-mm-yyyy)
X	

#### 6 Respecting your privacy

Respecting your privacy is a priority for the Sun Life group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit [www.sunlife.ca/privacy](http://www.sunlife.ca/privacy).

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