

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 <b>The Trustees for the UBC Faculty Pension Plan / University of British Columbia</b>			Client ID <b>C0KHL</b>
First name	Middle initial	Last name	
Date of birth (dd-mm-yyyy)	Social Insurance Number*	Account number	

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

## 2 Change of address – former employees and retired members only

Address (street number and name)				Apartment or suite
City	Province	Country	Postal code	Effective date (dd-mm-yyyy)
Email address		Telephone number (day)		Telephone number (evening)

## 3 Change of name – former employees and retired members only

First name	Middle initial	Last name
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## 4 Marital/Relationship status declaration – FPP

Note: If your status changes in the future, please complete/submit a 'Change of records' form and notify your plan sponsor.

I certify, at the time of this declaration, based on the definition of spouse applicable under pension legislation:

I have a spouse.

Spouse's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
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I do not have a spouse.



## 5 Beneficiary designation (primary) – FPP

Complete this section to designate a beneficiary for your account.

RPP       RRIF-type payments       LIF-type payments       VPLA  
 97270-G      97273-G      97274-G      97275-G

This beneficiary designation applies to all components of the FPP (RPP, RRIF-type payments, LIF-type payments, VPLA) if applicable. 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. Your spouse may waive their entitlement; however, they cannot be a partial beneficiary for any portion of the pre-retirement death benefit.

If you have a spouse when you die, the law may stipulate that all or part of the death benefit be paid to your surviving spouse, unless where provided, the 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 to ensure that your spouse receives all benefits, please designate your spouse here. 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.

To appoint a trustee for a beneficiary who is a minor, please complete the 'Appointment of trustee for a minor beneficiary' section.

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**.

**Note:** If you designate another person than your spouse as primary beneficiary, you must also complete section 4 above (Marital/Relationship status declaration).

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

**6 Contingent (secondary) beneficiary appointment – FPP**

If you wish to appoint a contingent beneficiary, please complete this section.

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.

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 %

**7 Beneficiary designation (primary) – Supplemental Arrangement**

Supplemental Arrangement

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 %

**8 Contingent (secondary) beneficiary appointment – Supplemental Arrangement**

If you wish to appoint a contingent beneficiary, please complete this section.

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.

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 %

## 9 Appointment of trustee for a minor beneficiary

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.

## 10 Your authorization

Signature	Date (dd-mm-yyyy)
X	

## 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](http://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.