

Change of records form



Return the completed form to:

Sun Life Financial, Group Retirement Service

Waterloo: PO Box 2025 Stn Waterloo, Waterloo ON N2J 0B4

Montreal: PO Box 11001 Stn CV, Montreal QC H3C 3P3

Please PRINT clearly.

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

1 Plan and your personal information

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

Name of plan sponsor			Client ID C0	Plan
First name	Middle initial	Last name		
Date of birth (dd-mm-yyyy)	Social insurance number*	Account number		

2 Change of address

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

3 Change of name

First name	Middle initial	Last name
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4 Marital/Relationship status declaration (DCPP/SPP)

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

I have a spouse.

Spouse's first name	Middle initial	Last name
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I do not have a spouse.

5 Beneficiary designation

Complete this section to designate a beneficiary for your account.

The following caution is required by Manitoba law. It may also be applicable in other jurisdictions.

Caution: Your designation of a beneficiary by means of a designation form 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 do so by means of a new designation.

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.

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

This beneficiary designation applies to the following products:

RRSP/LIRA DCP/PSP DPSP NREG EPSP* TFSA RRIF/LIF/LRIF/PRIF

*If you live in Quebec, payments from your EPSP will be made to your estate upon death.

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**	Percentage of benefits
				%
				%
				%

****Quebec:** if you name your spouse as beneficiary, please indicate if this person is your common law spouse. Otherwise we will deem this person to be your legal spouse.

Important: Where Quebec law applies, a **legal** (married or civil union) spouse beneficiary is **irrevocable** unless you indicate otherwise.

If you have an irrevocable beneficiary, 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.

To avoid this restriction and make your beneficiary designation revocable you must check here: Revocable Beneficiary

6 Contingent beneficiary appointment

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

I revoke all previous contingent beneficiary appointments.

Contingent beneficiary's first name	Middle initial	Last name	Relationship to you	Percentage of benefits
				%
				%
				%

7 Your authorization

Signature X	Date (dd-mm-yyyy) _ _
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Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.