

### 1. Employer Section (to be completed by employer)

Contract No.	Division No.	Class
Member ID No.	Employer	

### 2. Employee Section (to be completed by employee)

Name <small>(First) (Initial) (Last)</small>	Date of Birth <small>(dd-mm-yyyy)</small>
Amount of Principal Sum <small>(Maximum \$250,000 in units of \$25,000)</small>	Effective Date <small>(dd-mm-yyyy)</small>

- Check one if New Insurance:       Employee Only       Employee & Family
- Check appropriate boxes for changes:       New Insurance       Change of Name
- Change to Family Plan       Change in Amount of Principal Sum
- Change of Beneficiary       Change to Employee Plan
- Is spouse to be covered Common Law:       Yes       No      If yes: Name \_\_\_\_\_  
(First) (Initial) (Last)

### 3. Beneficiary (The beneficiary designation is revocable unless otherwise specified)

Name <small>(First) (Initial) (Last)</small>	Relationship to Employee
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*Please note that according to legal requirements, Sun Life Assurance Company of Canada cannot pay benefits to beneficiaries who are minors. A trustee for minor children may be designated.*

### 4. Beneficiary Trustee Nomination (Complete only if nominating beneficiaries who are minors)

Any payments becoming due during the minority of the minor(s) is to be made to: \_\_\_\_\_ as trustee, or failing such trustee, to the duly appointed guardian of such minor child as trustee. Payment to said trustee shall discharge the company.

- I authorize the deduction from my salary the premiums for the insurance applied for as shown above.
- I have given the opportunity for this insurance, but I do not desire to participate.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date (dd-mm-yyyy)