

Consent by beneficiary



Keeping Your Information Confidential

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third-party providers and reinsurers who, in some instances, may be located in jurisdictions outside Canada. Your personal information may be subject to the laws of those foreign jurisdictions. Sun Life Financial's operations worldwide and our third-party providers are required to protect the confidentiality of your personal information in a manner that is consistent with our privacy policy and practices.

To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by email to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

If your current beneficiary nomination is irrevocable, your current beneficiary must agree to revoke their rights by completing this form.

Note: You should complete a Beneficiary Nomination form to nominate another beneficiary.

1 Plan member details

Be sure to complete all plan member information.

Plan member's last name	Middle initial	First name
Contract number	Location/billing group number	Plan member ID

2 Declaration by irrevocable beneficiary

Be sure to show the beneficiary's first and last name. The irrevocable beneficiary must complete the form in ink, sign and date the form.

A witness must sign and date the form in ink. Also include the witness' name in printed form. The member cannot sign as the witness.

Irrevocable Beneficiary

Last name	First name
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I hereby consent to any change of beneficiary under this contract. I hereby declare that I am of legal age.

Signature of beneficiary X	Date (yyyy-mm-dd) _ _
Signature of witness X	Date (yyyy-mm-dd) _ _
Witness last name (please print)	First name