

Qualification of partner



Please PRINT clearly.

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

1 Identification

Contract number	Member ID number	Member name
Contract Holder name		

2 Declaration

I, _____ hereby elect to qualify as my Spouse _____ who has been represented as my Spouse since _____. (To qualify, such partner must have been continuously represented as my spouse for the minimum period indicated in the Group Contract.)

I warrant that the reasons given above to substantiate the qualification of my Spouse are accurate and I understand that the strict accuracy of this information is a condition of the exercise of this right of qualification by me. I further understand that no payment will be made under a Benefit Provision in respect of the above person if, on the date of a claim, he or she could not at that time be qualified as a Spouse.

Member's Signature X		
Location signed (city, province)	Date (yyyy/mmm/dd)	

942-2700 (03-05)

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