



# Beneficiary Change Request

Please PRINT clearly.

Policy Number(s)
Name of Insured
Current Owner(s)

This form is intended for use with policies issued by Sun Life Assurance Company of Canada or Sun Life Assurance Company of Canada (U.S.), both members of the Sun Life Financial group of companies.

This form is to be used to change the beneficiary(ies), who will receive the death benefit of the life insurance policy(ies) listed above. It also enables you to designate a contingent beneficiary(ies) who will receive the death benefit in the event of the death of all primary beneficiaries.

This beneficiary designation will cancel all prior beneficiary designations. As such, before completing this form, please review the Instructions on the reverse side of this form.

Please ensure that this form is filled out accurately and completely. Sun Life Financial cannot be responsible for any errors made in the completed form. The requested changes will not become effective until the form has been received and approved by Sun Financial's U.S. Operations. Payment of proceeds to any beneficiary is subject to the interest of any assignee.

## Beneficiary Designation

Please enter the information requested below for the new primary and contingent (if any) beneficiary(ies).

Unless otherwise specified, surviving beneficiaries within a class will share the proceeds equally. If there are no surviving beneficiaries, the proceeds will be paid to the estate of the last survivor of the insured and beneficiaries.

**If you designate a person as a beneficiary,** please provide that person's full name, relationship to the insured, address, date of birth, and social security number.

**If you designate a trust as a beneficiary,** please provide the names of the trustees of the trust, the name of the trust and the date of the trust in the following form: "Trustee Name as trustee(s) of the Name of Trust trust agreement dated Date of Trust."

**If you need wording to describe an arrangement not described above or assistance with the instruction section on the reverse side of this form,** please contact Title Services at 1-800-786-5433. Please note that neither Sun Life Financial nor its representative can provide legal advice. Consult your own attorney for specific legal advice.

Please type or print clearly.

Primary Beneficiary(ies)
Contingent Beneficiary(ies)

## Owner(s) Signature(s)

I (we), the owner(s) of the policy(ies) referenced above, do hereby change the beneficiary(ies) presently nominated to receive the proceeds due upon the death of the life assured to the beneficiary(ies) designated on this form. Any previous beneficiary designations or alternative methods for payment of the policy(ies) proceeds are hereby revoked.

Owner X	Date
Witness X	Date
Owner X	Date
Witness X	Date

## Instructions

Please read carefully.

**Minor Beneficiaries.** Any payment due to a minor beneficiary shall be made to the legally appointed guardian of the minor, unless otherwise permitted by law. If you are designating a minor beneficiary, we suggest you contact your legal advisor to consider doing so under the UNIFORM GIFTS TO MINORS ACT (UGMA), OR UNIFORM TRANSFERS TO MINORS ACT (UTMA), whichever may be in effect in your state.

**Per Stirpes.** If a beneficiary designation is made per stirpes, and a beneficiary dies leaving children of his or her own, the share of the death benefit he or she would have received will be paid to those children, if still living. If a beneficiary designation is not made per stirpes and a beneficiary dies, that beneficiary's share shall be reallocated among the surviving beneficiaries.

**Irrevocable Beneficiary Designation.** If you make a beneficiary designation irrevocable, you cannot change the beneficiary without the beneficiary's written consent. In addition, depending upon your state's law, you may have to obtain the beneficiary's consent to take any action that may affect the value or ownership of the policy, e.g., requesting a loan or surrendering the policy.

## Sample Beneficiary Designations

**Individual Beneficiary.** "Jane Doe, wife, 4/23/40, 000-00-0000, 123 Main Street, Anytown USA 12345."

**Spouse otherwise children.** "Jane Doe, wife, 4/23/40, 000-00-0000, 123 Main Street, Anytown USA 12345, if living, otherwise to any children born of my marriage to spouse's name."

**Per Stirpes Designations.** "Jane Doe, wife, 4/23/40, 000-00-0000, 123 Main Street, Anytown USA 12345, if living, otherwise to John Doe, Jr., Son, 4/23/80, 000-00-0000, 123 Main Street, Anytown USA 12345, per stirpes."

**Multiple Beneficiaries in Unequal Amounts.** "75 % to Jane Doe, wife, 4/23/40, 000-00-0000, 123 Main Street, Anytown USA 12345, 25% to John Doe Jr., son, 5/2/81, 000-00-0000, 123 Main Street, Anytown USA 12345." (All combinations of allocations are acceptable, however, the total of the allocations must equal 100%.)

## Signature Requirements

### If The Policy Is Owned by:

**An Individual(s).** The Individual policyowner(s) must sign the form on the "Owner" line(s).

**A Corporation.** Two officers of the Corporation must sign the form. Each officer's title must follow his/her signature. We will also accept the signature of one officer accompanied by the corporate seal.

**A Trust.** The Trustee(s) of the Trust must sign the form as follows: "John Doe, as trustee of the XYZ Trust dated x/xx/xx."