

# Same beneficiary for all life benefits



Use this form to name the same beneficiary for all life benefits under your group benefits plan. This form applies to your existing coverage only. If you enrol in other life benefits, you will need to complete another form to avoid any payment to your estate.

Please complete the form and return to your plan administrator for handling.

## 1 Member details

Member's last name		First name		Member ID
Date of birth (yyyy-mm-dd)	Contract number	Employer name		
Address (street number and name)			Apartment or suite	
City			Province	Postal code
Telephone number	Email address			

## 2 Beneficiary nomination

### IMPORTANT:

If you are nominating a beneficiary who is a minor under the age of 18, please see section entitled *Nomination of trustee for minor beneficiary*.

If you already designated an irrevocable beneficiary, the irrevocable beneficiary's consent is needed to:

- (a) replace the irrevocable beneficiary or
- (b) decrease the coverage amount or the percentage of benefits payable to the irrevocable beneficiary.

Please have the irrevocable beneficiary sign and date the *Consent by Beneficiary* form.

Beneficiary for your life benefits.

Last name	First name	Date of birth (yyyy-mm-dd)	Relationship to member	Percentage
				%
				%
				%
<b>The total allocation between your beneficiaries must total 100%</b>				<b>100%</b>

In Quebec, if you name your legal spouse (married or civil union) as your beneficiary, your legal spouse will be irrevocable unless you check the revocable box.  Revocable beneficiary

In all other instances, if you need to make a beneficiary permanent (e.g. a separation agreement or court order may require you to do so), write "irrevocable" beside their name.

If you name more than one beneficiary and one of them dies before you, their percentage will be split between the remaining beneficiaries. In Quebec, this is only true if your beneficiaries had equal shares.

If you do not nominate a beneficiary, life benefits will be paid to your estate.

## 3 Nomination of trustee for minor beneficiary (Not allowed in Quebec)

If your beneficiary is under the age of 18, a trustee must be named. If the beneficiary is still under 18 when you die, the life benefit will go to the trustee on behalf of the minor. Payment to the trustee will discharge Sun Life.

Last name	First name	Relationship to minor
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Note: In Quebec, any amount payable to a minor will be paid to the parent(s) or legal guardian on his/her behalf. Or you may choose to name the estate as beneficiary and provide a trustee with direction in your will.

#### 4 Appointing contingent beneficiaries

If the beneficiaries listed above are deceased at the time of my death, the following beneficiaries will receive the Life benefits.

Last name	First name	Date of birth (yyyy-mm-dd)	Relationship to member	Percentage
				%
Last name	First name	Date of birth (yyyy-mm-dd)	Relationship to member	Percentage
				%
Last name	First name	Date of birth (yyyy-mm-dd)	Relationship to member	Percentage
				%
The total allocation between your beneficiaries must total 100%				100%

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box.  Revocable beneficiary

#### 5 Authorization and signature

IMPORTANT:

You must sign and date the form. You must initial any changes or deletions. Correction fluid cannot be used.

- Where permitted by law, the beneficiaries named here replace all previous beneficiary nominations.
- I confirm that I did not previously appoint an irrevocable beneficiary under this group benefits plan issued by Sun Life Assurance Company of Canada (Sun Life)\* or any other insurer. If I did, I confirm that I obtained the consent of the irrevocable beneficiary to name the beneficiaries in this form.
- I authorize Sun Life to collect, use and disclose relevant information about me to administer and audit the plan as well as pay claims with its reinsurers and the plan sponsor.

\*Any reference to Sun Life, its reinsurers or the plan sponsor includes their agents and service providers.

Plan member signature X	Date (yyyy-mm-dd)
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#### 6 Respecting your privacy

Our Purpose is to help our Clients achieve lifetime financial security and live healthier lives. We collect, use and disclose your personal information to: develop and deliver the right products and services; enhance your experience and manage our business operations; perform underwriting, administration and claims adjudication; protect against fraud, errors or misrepresentations; tell you about other products and services; and meet legal and security obligations. We collect it directly from you, when you use our products and services, and from other sources. We keep your information confidential and only as long as needed. People who may access it include our employees, distribution partners such as advisors, service providers, reinsurers, or anyone else you authorize. At times, unless we're prohibited, they may be outside your jurisdiction and your information may be subject to local laws. You can always ask for your information and to correct it if needed. In most cases, you have a right to withdraw your consent, but we may not be able to provide the requested product or service. Read our Global Privacy Statement and local policy at [www.sunlife.ca/privacy](http://www.sunlife.ca/privacy) or call us for a copy.

#### IMPORTANT!!

Original beneficiary forms must be returned to FFAW-Unifor. Copies, scans, faxes or emails will not be accepted by the insurance company. Please return your original form by mail or in person to the FFAW Office in St. John's or Corner Brook.

FFAW-Unifor  
PO Box 10 Stn C  
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