

Change of Beneficiary

For investment planning advice or assistance filling out this form, call:
1.800.561.9401 or 416.296.9401

Please return the completed form to:
CDSPI, 155 Lesmill Road, Toronto, ON M3B 2T8
E-mail: investment@cdspi.com

18-101

Annuity Contract Issued By: Sun Life Assurance Company of Canada

IMPORTANT: Please ensure that this form as completed carries out your intentions. Sun Life Assurance Company of Canada and CDSPI are not responsible for its effect, validity or sufficiency. An original hand-written signature is required, so this form cannot be accepted electronically.

SECTION 1 ANNUITANT INFORMATION

Last Name	First Name	Middle or Initial	Phone Number	Date of Birth	Day	Month	Year
Account Number				Account Type: <input type="checkbox"/> RSP <input type="checkbox"/> RIF <input type="checkbox"/> TFSA <input type="checkbox"/> Investment Account			

SECTION 2 BENEFICIARY DESIGNATION Complete this section to change the beneficiary(ies) for your account

The primary beneficiary receives the specified proportion of the benefits payable when the annuitant dies. If the primary beneficiary dies before the annuitant, the contingent beneficiary receives the specified proportion of the benefits. **(Total proportion must equal 100%)**

I revoke any previous beneficiary designations and name as beneficiary for benefits due on my death:

1.	Beneficiary's Name (first, middle or initial, last)	Relationship to Annuitant	Proportion	<input type="checkbox"/> Revocable* <input type="checkbox"/> Irrevocable*
	Contingent Beneficiary's Name (for the above proportion)	Relationship to Annuitant		<input type="checkbox"/> Revocable* <input type="checkbox"/> Irrevocable*
2.	Beneficiary's Name (first, middle or initial, last)	Relationship to Annuitant	Proportion	<input type="checkbox"/> Revocable* <input type="checkbox"/> Irrevocable*
	Contingent Beneficiary's Name (for the above proportion)	Relationship to Annuitant		<input type="checkbox"/> Revocable* <input type="checkbox"/> Irrevocable*
3.	Beneficiary's Name (first, middle or initial, last)	Relationship to Annuitant	Proportion	<input type="checkbox"/> Revocable* <input type="checkbox"/> Irrevocable*
	Contingent Beneficiary's Name (for the above proportion)	Relationship to Annuitant		<input type="checkbox"/> Revocable* <input type="checkbox"/> Irrevocable*

* **Revocable/Irrevocable:** If the beneficiary designation is revocable, you can change the beneficiary without the beneficiary's consent. If the beneficiary designation is irrevocable, the beneficiary's written consent is required in order for you to make any change in the beneficiary designation or to make a redemption request.

IMPORTANT: Where Quebec law applies, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary designation will be irrevocable unless you make the designation revocable by checking here: revocable beneficiary

The following caution is required by Manitoba law. It may also be applicable in other jurisdictions:

Your designation of a beneficiary by means of a designation form will not be changed or revoked automatically by any future marriage or divorce. Should you wish to change or revoke your beneficiary in the event of a future marriage or divorce, you have to do so by means of a new designation.

SECTION 3 NAME OF TRUSTEE

Proceeds payable to a minor child must be paid to a trustee (or an administrator in Quebec[†]) appointed for the purpose until the beneficiary reaches the age of majority.

Name of Trustee (first, middle or initial, last) Relationship to Beneficiary

For Quebec residents:

Name of Administrator (first, middle or initial, last) Relationship to Beneficiary

[†] If a trustee is appointed in Quebec, a formal trust must be established in accordance with the Civil Code of Quebec.

SECTION 4 AUTHORIZATION

By signing below I, the annuitant, confirm that I revoke any previous beneficiary designation for the specified account and declare that the proceeds of this account shall be paid to the Primary Beneficiary(ies) shown above if living, or if such Primary Beneficiary(ies) should predecease me, then to the Contingent Beneficiary(ies) shown above, and otherwise to my Estate.

Annuitant's Signature Date Day Month Year Signed in (city, province)

Previous Irrevocable Beneficiary Signature (if applicable) Date Day Month Year Signed in (city, province)

