## Payee designation change for critical illness insurance policies



Important: You must initial any corrections to the form. If you don't initial all corrections, we could reject your request or it may be delayed.

1 Policy number in	formation				
Enter the policy number	for which you would like to	change the payee designation	l		
Policy number	7				
2 Information abo	ut the current owner of	the policy			
First name	Middle name	Last name	Date of birth	n (dd-mm-yyyy) Telephon	Telephone number
Is the policy jointly owns	ed, in shared ownership, or	co-owned in Ouebec?	s 🗆 No	ļ.	
First name	Middle name	Last nam		Date of birth (dd-	·mm-vvvv)
					,,,,,
3 Information abo	ut the insured person				
First name	Middle name	Last nam	ie	Date of birth (dd-	·mm-yyyy)
				,	,,,,,
4 Payee designation	n details				
☐ Naming a benefit pay	ee				
Return of premium or					
	n cancellation or expiry				
Benefit payee	1 /				
	navee vou will not receive	the critical illness benefit paym	ent		
		insurance benefit will be paid to		rate of the owner. This	r ic a
•		name your legal spouse (marriag			
be irrevocable unless you			se or erricalinorif as the	berremeiary, triis desig	inderon with
First name of payee	Middle name	Last name	Relationship	Relationship to insured person (in Quebec, relationship	
			to owner)	, ( Ç	-,·
First name of payee	Middle name	Last name	Relationship	to insured person (in Quebec	relationship
This make or payer	This die name		to owner)	( <b>Q</b> aasaa	., . c.a
Datum of muonium on d	acth handit				
Return of premium on d					
		efit payee, the return of premiu			
	is a revocable designation. ion will be irrevocable unle	However, in Quebec, if you na	ıme your tegat spouse ( vocable	(marriage or civil unior	n) as the
,	ion will be in evocable unle	ss you check this box. $\square$ hev	ocabic		
Payee information	14: J.J	l to the same	Dalast anality		
First name of payee	Middle name	Last name	to owner)	o to insured person (in Quebec	c, relationship
5	A 6: 1 II		514		1.0 10
First name of payee	Middle name	Last name	to owner)	o to insured person (in Quebec	z, relationship
Are you naming a second	lary payee? $\square$ Yes $\square$	No			

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Secondary payee information

4 Payee designation det	ails (continued)		
First name of payee	Middle name	Last name	<b>Relationship to insured person</b> (in Quebec, relationship to owner)
First name of payee	Middle name	Last name	<b>Relationship to insured person</b> (in Quebec, relationship to owner)
Is the payee under the age of 18	3? ☐ Yes ☐ No		
Please name a trustee. I authori	ize the trustee to receive any pa	ayments on behalf of the payee	while under the age of 18 and to apply
the proceeds solely for the sup	port, maintenance, education a	nd benefit of such payee at the	discretion of the trustee.
Trustee information			
First name	Middle name	Last name	<b>Relationship to insured person</b> (in Quebec, relationship to owner)
First name	Middle name	Last name	<b>Relationship to insured person</b> (in Quebec, relationship to owner)
Return of premium on cancella	ation or expiry		
Note: If you designate a payee,	you will not receive the return	of premium on cancellation or e	xpiry payment.
If there is no living return of pre	emium on cancellation or expiry	benefit payee, the return of pre	emium on cancellation or expiry benefit will
be paid to the owner or the est	ate of the owner. This is a revoc	cable designation. However, in C	Quebec, if you name your legal spouse
(marriage or civil union) as the b	eneficiary, this designation will	be irrevocable unless you check	this box: Revocable
First name of payee	Middle name	Last name	<b>Relationship to insured person</b> (in Quebec, relationship to owner)
First name of payee	Middle name	Last name	<b>Relationship to insured person</b> (in Quebec, relationship to owner)

## 5 By signing below I, the policy owner, confirm that:

- If I've named new benefit payees, return of premium on death benefit payees and return of premium on cancellation or expiry payees, these will cancel and replace all previous payee appointments.
- Sun Life Assurance Company of Canada is not responsible for the effect of any payee appointment.

## 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 <a href="https://www.sunlife.ca/privacy">www.sunlife.ca/privacy</a> or call us for a copy.

## Sign and date here:

Note: For multiple owners, all owner all the corrections you made.	rs must sign. If the owner is a company, include the s	igning officer's name and	title. Remember to initial
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	Signed at (province/stat	te) Date (dd-mm-yyyy)	
If the policy is jointly owned, in shar	red ownership, or co-owned in Quebec:		
Signature of joint policy owner (If signing officer,	Signed at (province/stat	te) Date (dd-mm-yyyy)	
X			
For advisor use:			•
Advisor first name	Advisor last name	Advisor last name	
Return to:			
Sun Life Accurance Company of Can	and a		

Sun Life Assurance Company of Canada P.O. Box 1601, STN Waterloo Waterloo, ON N2J 4C5

Policy number