

Group benefits enrolment form



Keeping your information confidential

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third-party providers and reinsurers who, in some instances, may be located in jurisdictions outside Canada. Your personal information may be subject to the laws of those foreign jurisdictions. Sun Life Financial's operations worldwide and our third-party providers are required to protect the confidentiality of your personal information in a manner that is consistent with our privacy policy and practices.

To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by email to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

You have a choice

We will occasionally inform you of other financial products and services that we believe meet your changing needs. If you do not wish to receive these offers, let us know by calling 1-877-SUN-LIFE (1-877-786-5433).

Instructions

- Section 1 is to be completed by the plan administrator.
- All remaining sections are to be completed by the plan member and returned to your plan administrator.

Please PRINT clearly. Complete the form in ink, sign and date the form on page 3 and return to your plan administrator for handling.

1 Information to be completed by plan administrator

Contract number 10329		Contract holder name The Regional Municipality of York		
<input type="checkbox"/> New plan member <input type="checkbox"/> Re-hire	Date of hire/re-hire (yyyy-mm-dd) — —	Plan member ID	Class/Plan 10	
Effective date of coverage (yyyy-mm-dd) — —	Location/billing group number 10	Location/billing group name 10		
Occupation	Salary \$	Basis	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly (Hrs./Wk. _____) <input type="checkbox"/> Other (please specify)	

2 Plan member details

Plan member's last name	Middle initial	First name	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (street number and name)			Apartment or suite	
City		Province ON	Postal code	
Date of birth (yyyy-mm-dd) — —	Language	Email address		
<input type="checkbox"/> English <input type="checkbox"/> French				
Province of residence ON		Province of employment		
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Common Law <input type="checkbox"/> Widowed	<input type="checkbox"/> Civil Union
Coverage selection				<input type="checkbox"/> Single <input type="checkbox"/> Family

3 Beneficiary nomination

IMPORTANT:

Be sure to show the beneficiary's first and last name, as well as the relationship to you.

You must initial any changes or deletions. Correction fluid cannot be used.

A revocable nomination can be changed at any time without the beneficiary's consent. You cannot change an irrevocable beneficiary nomination unless certain requirements are met.

If you are nominating a beneficiary who is a minor, please see section 5.

NOTE: In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

Beneficiary for **Employee BASIC Life**

Last name	First name	Relationship to plan member	Percentage %

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

If you do not nominate a beneficiary, the proceeds will be paid to your estate.

4 Appointing contingent beneficiaries

If you wish to appoint a Contingent Beneficiary, in the event that there are no surviving beneficiaries at the time of your death, please complete this section.

If there are no surviving beneficiaries at the time of my death, I declare that the following Contingent Beneficiaries shall receive the proceeds. If there are no surviving Contingent Beneficiaries at the time of my death, the proceeds shall be paid to my estate.

Unless I specify otherwise, my Contingent Beneficiary will apply to all my benefits.

Last name	First name	Relationship to plan member	Percentage %

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 Nomination of trustee for minor beneficiary other than Quebec residents

If you wish to designate minor children as beneficiaries, a trustee must be designated.

NOTE: In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

Any payments becoming due while the beneficiary(s) are a minor* are to be made to _____ as trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to the trustee will discharge the company.

* A minor is a child who has not reached the age of majority as defined by provincial legislation.

6 Authorization and signature

IMPORTANT:
You must sign and date
the form.

By enrolling in this plan, I authorize the following:

- Sun Life Assurance Company of Canada, its agents and service providers, its reinsurers and their service providers to collect, use and disclose relevant information about me to underwrite, administer and adjudicate claims,
- My plan sponsor, and its agents to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required,
- Sun Life Assurance Company of Canada, its agents and service providers, and my plan sponsor and its agents to collect, use and disclose information about me necessary for enrolment and for the purposes of continuing administration of the plan.

I declare that the information above is accurate and true.

A photocopy or electronic version of this authorization is as valid as the original. A photocopy or electronic version of this form is not valid for recording beneficiary nominations.

Plan member signature X	Date (yyyy-mm-dd) — —
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