

Qualification of partner



Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

Please PRINT clearly.

1 Plan member details

Contract number	Plan member ID	Contract holder name	
Plan member first name		Plan member last name	

2 Authorization and signature

I, _____ hereby elect to qualify as my Spouse _____ who has been represented as my Spouse since _____. (To qualify, such partner must have been continuously represented as my spouse for the minimum period indicated in the Group Contract.)

I warrant that the reasons given above to substantiate the qualification of my Spouse are accurate and I understand that the strict accuracy of this information is a condition of the exercise of this right of qualification by me. I agree that no payment will be requested under a Benefit Provision in respect of the above person, if on the date of a claim, he or she is not at that time qualified as a Spouse.

Plan member signature X		
Signed at (city)	Signed at (province)	Date (yyyy-mm-dd) — —