

# Sun Life Assurance Company of Canada

## Beneficiary Designation

(form edited to fit on one page)

Sun  
Life Financial

Form approved for use by Sun life  
8/28/19 per Tiffanie L Kirkpatrick, CM Regent

You may use this form to designate who will receive the Group Life Insurance proceeds in the event of your death. The designations you make on this form replace any prior beneficiary designations.

When applicable, designations apply to any Basic, Optional, Voluntary, Accidental Death and Dismemberment ("AD&D"), or other Group Life Insurance you have under the Group Policy shown in Section 1.

See the reverse side of this form for sample designations and more information.

### 1 Employee and employer information

Name of employee (first, middle initial, last)	Social Security number	
Name of Employer <b>DELAWARE VALLEY SCHOOL DISTRICT</b>	Group Policy Number <b>932265-001</b>	Billing group number <b>CLASS -</b>

### 2 Beneficiary designation

For primary beneficiaries, indicate who should receive the group life or AD&D insurance proceeds in the event of your death.

For secondary (also known as contingent) beneficiaries, indicate who should receive the group life insurance proceeds in the event that ALL of your primary beneficiaries are not living at the time of your death.

You may also designate more than one Primary or Secondary Beneficiary. If you do, make sure to indicate the percentage share each should receive. The total within each class (Primary and Secondary) must equal 100%. If you do not specify percentages, surviving beneficiaries within the class will share proceeds equally.

#### Primary Beneficiary(ies)

1 Name (first, middle, last)	Relationship to employee	Social Security number	Percent share of proceeds _____ %
Address		Phone Number	Date of Birth
2 Name (first, middle, last)	Relationship to employee	Social Security number	Percent share of proceeds _____ %
Address		Phone Number	Date of Birth

If additional beneficiaries are needed, please attach a separate piece of paper listing additional names specifying Primary or Secondary and include your name, signature, and date and reference this policy. Total within each class (Primary and Secondary) must equal 100%.

#### Secondary Beneficiary(ies)

1 Name (first, middle, last)	Relationship to employee	Social Security number	Percent share of proceeds _____ %
Address		Phone Number	Date of Birth
2 Name (first, middle, last)	Relationship to employee	Social Security number	Percent share of proceeds _____ %
Address		Phone Number	Date of Birth

If additional beneficiaries are needed, please attach a separate piece of paper listing additional names specifying Primary or Secondary and include your name, signature, and date and reference this policy. Total within each class (Primary and Secondary) must equal 100%.

### 3 Signature

You must sign and date this form for your designation to become effective. Make a copy for your records and return the signed original to your employer.

Name of employee (first, middle initial, last)	Date
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