

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 DELAWARE VALLEY SCHOOL DISTRICT	Group Policy Number 932265-001	Billing group number CLASS -

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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4. Beneficiary wording alternatives

Proposed Beneficiary(ies)	Suggested Wording
1. Estate	Estate
2. One beneficiary	Martha Doe, wife
3. More than one beneficiary in equal shares	Jane Doe, Mary Doe and Richard Doe, children, or survivor(s) of them; in equal shares.
4. Two beneficiaries, in succession	Primary: Martha Doe, wife; Secondary: Richard Doe, son. <i>(Richard will only receive proceeds if Martha Doe is not living at the time of the employee's death.)</i>
5. One beneficiary followed by two beneficiaries in equal shares	Primary: Martha Doe, wife; Secondary: Jane Doe and Mary Doe, children in equal shares, or the survivor of them. <i>(Jane and Mary will only receive proceeds if Martha Doe is not living at the time of the employee's death.)</i>
6. More than one Beneficiary in equal shares per descendent order	Jane Doe, Mary Doe and Richard Doe, or the survivor(s) of them, in equal shares. However, if any of my children predecease me and leave issue who survive me, the issue of the deceased child will receive their parents' share in equal shares.
7. One or more minor children	John Smith, as custodian for Jane Doe, a minor, under the Uniform Transfers to Minors Act (UTMA) so that proceeds can be paid before the child reaches the age of maturity.
8. To a church or non-profit organization	Name and address of the beneficiary organization.
9. Beneficiaries shown in percentages	John Smith, brother - 40%, or in the event of his death, to my estate; Alan Smith, brother 60%, or in the event of his death, to my estate.
10. Trust under Last Will and Testament	Proceeds to be paid to the Trustee under my Last Will and Testament.
11. Existing Trust	Jane Doe, Trustee of the Doe Family Trust, dated 1/1/2001.

Please Note: You cannot name your Employer as a beneficiary for Group Life Insurance proceeds under the Group Policy. Unless you specifically instruct otherwise, your beneficiary designation will be revocable.



www.sunlife.com/us



Customer Service 800-247-6875 M-F 8:00 a.m. – 8:00 p.m., ET

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