

# Irrevocable beneficiary appointment (Nova Scotia only) – Sun Life Guaranteed Investment Funds

Important: You must initial any corrections to the form.

**This form must be completed by the contract owner.**

## Contract owner's information

|                            |           |                  |             |
|----------------------------|-----------|------------------|-------------|
| Contract number            | Last name | First name       | Middle name |
| Date of birth (dd-mm-yyyy) |           | Telephone number |             |

## Beneficiary's information

|                                  |            |             |             |
|----------------------------------|------------|-------------|-------------|
| Last name                        | First name | Middle name |             |
| Address (street number and name) |            |             |             |
| City                             |            | Province    | Postal code |

## Declaration and signature

**By signing below I, the contract owner, confirm that:**

- I understand that the effect of my designating a beneficiary irrevocably is that, under the provisions of the Insurance Act, while the beneficiary is living, I may not alter or revoke the designation without the consent of the beneficiary and I may not assign, exercise rights under or in respect of, surrender or otherwise deal with the contract without the consent of the beneficiary.
- Sun Life Assurance Company of Canada is not responsible for the effect of any beneficiary appointment.

**Sign and date here:**

Note: For multiple owners, all owners must sign this form. If the owner is a company, include the signing officers' names and titles.

|  |                      |
|--|----------------------|
| Contract owner's signature<br><b>X</b> | Date (dd-mm-yyyy)    |
| Signed at (city)                       | Signed at (province) |

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**Advisor statement**

**This section must be completed by the advisor.**

**Owner, annuitant, beneficiary change form – Sun Life Guaranteed Investment Funds (4612) must also be completed.**

By signing below, I confirm that:

- I have fully explained to the insured the nature and effect of making an irrevocable designation of beneficiary and such explanation was given to the insured not in the presence of the beneficiary and that the insured indicated that he was aware of the irrevocable nature of the designation so made by him.
- Sun Life Assurance Company of Canada is not responsible for the effect of any beneficiary appointment.

**Sign and date here:**

|                                 |                  |                      |
|---------------------------------|------------------|----------------------|
| Advisor's signature<br><b>X</b> |                  | Advisor number       |
| Date (dd-mm-yyyy)               | Signed at (city) | Signed at (province) |

**Return to:**

Sun Life Assurance Company of Canada  
30 Adelaide Street East, Suite 1  
Toronto, ON M5C 3G9  
Canada

|                    |
|--------------------|
| Contract number(s) |
|                    |