

Personal information change or correction – Sun Life Guaranteed Investment Funds



Do not use this for corporate changes: submit articles of amendment and/or other appropriate documentation.
Sun Life Assurance Company of Canada – 30 Adelaide Street East, Suite 1 Toronto, ON M5C 3G9 Fax: 1-855-247-6372

List the contract numbers for which you would like to make a change or correction

Contract number	Contract number	Contract number	Contract number
Owner's last name	First name	Middle name	
Joint owner's last name	First name	Middle name	

Complete the appropriate section(s) below. The contract owner(s) must initial any corrections to the form.

A separate form must be completed for each person.

The change is for the:

- contract owner
 successor owner
 joint owner
 beneficiary
 annuitant
 successor annuitant
 trustee

Name change

From: Mr. Mrs. Miss Ms. To: Mr. Mrs. Miss Ms.

Previous legal last name	Initial	Previous legal first name
Current legal last name	Initial	Current legal first name

Reason for change:

- marriage
 returning to maiden name
 records are incorrect
 adoption
 commonly known as
 other (please specify) _____

Proof required: (please attach copy)

- marriage certificate or driver's licence
 birth certificate or driver's licence
 birth certificate or supporting documents
 adoption order or new birth certificate
 birth certificate or driver's licence
 supporting documentation

Language preference change

Change language to:

- English French

Sex change

Change the sex to:

(choose any options that apply)

- Male Female

Reason for change:

- records are incorrect
 other (please specify) _____

Proof required: (please attach copy)

- birth certificate or supporting documents
 supporting documentation

DEFKSLF103



Social Insurance Number (SIN) change

Change the SIN to:

Social Insurance Number

Reason for change:

- records are incorrect
 other (please specify) _____

Proof required: (please attach copy)

Social Insurance Number (SIN) card
Social Insurance Number (SIN) card

Date of birth change

Change the date of birth to:

Date of birth (dd-mm-yyyy)

Reason for change:

- records are incorrect
 other (please specify) _____

Proof required: (please attach copy)

birth certificate or supporting documents
supporting documentation

Address change

From: (previous address)

Address (street number and name)		Apartment or suite	
City	Province	Postal code	
Email address* (optional)			

To: (new address)

Address (street number and name)		Apartment or suite	
City	Province	Postal code	
Email address* (optional)			

Mailing address Residential address

*We use your email address to send you information about additional products and services we believe meet your changing needs. You can withdraw your consent at any time.

Owner's signature

I confirm that the information I have provided on this form is complete and true. I authorize Sun Life to update their records with this information.

Contract owner's signature X	Date (dd-mm-yyyy)	
Joint owner's signature X	Date (dd-mm-yyyy)	
Advisor's last name	Advisor's first name	Advisor's ID number
Advisor's signature X	Date (dd-mm-yyyy)	

Contact information:

Toll Free English: 1-844-753-4437 (1-844-SLF-GIFS)
Toll Free French: 1-844-374-1375 (1-844-FPG-IFSL)
Fax: 1-855-247-6372
www.sunlifegifs.com

Return to:

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

Contract number(s)