CHANGE OF RECORDS

Sun Life Financial

PLEASE RETURN TO SAINT MARY'S UNIVERSITY HUMAN RESOURCES DEPARTMENT

1. EMPLOYER DATA

NAME	POLICY NO.	POLICY NO.	CLIENT ID
Saint Mary's University	- G	- G	**8NT**

2. EMPLOYEE DATA

NAME (surname, given name & initials)	EMPLOYEE NO. *	SOCIAL INSURANCE NO.

* If the employee number is my social insurance number, I authorize the use of this number for tax reporting, identification and the administration of my benefits.

3. CHANGE OF PAYROLL DEDUCTION

VOLUNTARY CONTRIBUTIONS

☐ I would like to contribute _____% over and above the required contribution and agree to have this amount deducted from my bi-weekly pay.

☐ I would like to cease payroll deductions for voluntary contributions.

4. CHANGE OF NAME

Please change my name to the following: (surname, given name & initials)

5. CHANGE OF MARITAL STATUS

I hereby certify that, at the time of this declaration based on the applicable definition of spouse:

☐ I have a spouse (includes Common Law Partner or Registered Domestic Partner)

SPOUSE'S DATE OF BIRTH
day month year

Last name: _____ First name: _____

☐ I do not have a spouse **Should my spousal status change in the future, I will notify the Plan Sponsor.**

6. BENEFICIARY DESIGNATION **(A Beneficiary Designation form is also available on the Sun Life Plan Member Services Web Site.)**

Note: THIS DESIGNATION ONLY APPLIES TO THOSE DEATH BENEFITS WHICH ARE NOT, BY LAW OR BY PENSION PLAN RULES, PAYABLE TO THE SURVIVING SPOUSE.

As beneficiary for benefits due on my death, I, the member, revoke any previous beneficiary and name instead:

_____ Name of Beneficiary (PLEASE PRINT)

_____ Relationship to the member (PLEASE PRINT)

Note: IF YOU HAVE A SPOUSE WHEN YOU DIE, THE LAW MAY STIPULATE THAT THE DEATH BENEFIT BE PAID TO THE SPOUSE.

DATE _____ * SIGNATURE OF MEMBER _____

Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

(Last revised: March 2005)