

Sun Global Series Policy/Certificate Service Request



Sun Life Assurance Company of Canada, Washington House, 3rd Floor, 16 Church Street, Hamilton, HM 11, Bermuda
Tel: 441-294-6060

Please **PRINT** clearly.

1. POLICY/CERTIFICATE IDENTIFICATION

Insured Family Name/Last Name	Insured Given Name(s)/First Name(s)	Policy/Certificate Number
Participant Family Name/Last Name	Participant Given Name(s)/First Name(s)	
Policy Owner/Participant/Trust Participant Name (If legal entity)		

With reference to the above numbered Policy/Certificate issued by Sun Life Assurance Company of Canada, I, as the Policy Owner/Participant/Trust Participant, or an Authorized Signatory of a Trust or Company Owner, request that the following changes be recorded:

2. CHANGE NAME OF INSURED OR POLICY OWNER/PARTICIPANT/TRUST PARTICIPANT

This section is to be used only for the legal name change of the Insured or Policy Owner/Participant/Trust Participant. Documentation verifying the legal change of name must be attached.

Policy Owner/Participant/Trust Participant Life Insured

Current Family Name/Last Name	Current Given Name(s)/First Name(s)
New Family Name/Last Name	New Given Name(s)/First Name(s)
Is/has the above individual been known under any Former Name, Maiden Name or Alias? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," please provide the other name(s) below.	
Current Policy Owner/Participant/Trust Participant Name (If legal Entity)	
New Policy Owner/Participant/Trust Participant Name (If legal Entity)	
Reason	
Other	

3. CHANGE OF RESIDENCE ADDRESS OF POLICY OWNER/PARTICIPANT/TRUST PARTICIPANT

Please check the address to be changed:

Residence Address, Trust or Company Registered Address Mailing Address

Name			
Old Address			
City	State/Province	Country	Postal Code
New Address			
City	State/Province	Country	Postal Code

3.a. Policy/Certificate Correspondence Mailing Instruction

By completing this section, the undersigned Policy Owner/Participant/Trust Participant hereby requests and directs the Company to send all Policy/Certificate statements, confirmations, and other written communications and information, (collectively, "correspondence"), to the following address, or such other address as may be provided by the Policy Owner/Participant/Trust Participant in writing, in a form acceptable to the Company, from time to time:

Mailing Address			
City	State/Province	Country	Postal Code
To the Attention of (Print Name)			
Relationship to Policy Owner/Participant/Trust Participant			

I understand and agree that the Company is not responsible for any loss or damages arising from the foregoing instruction concerning correspondence pertaining to the Policy/Certificate, whether transmitted by regular mail, courier, or electronic transmission. I further acknowledge that the Company reserves the right to send correspondence concerning the Policy/Certificate directly to the Policy Owner/Participant/Trust Participant in its sole discretion.

4. CHANGE OF PRIMARY BENEFICIARY(IES)¹

Legal Guardian

A Guardian must be named for any Beneficiary(ies) who is/are under the age of 18. To name a Guardian for such Beneficiary(ies), please complete the following:

Proceeds to be paid to – Name of Legal Guardian*			Date of Birth (dd/mm/yyyy)
Guardian for			
Current Resident Address			
City	State/Province	Country	Postal Code

The Legal Guardian's receipt shall be a full and sufficient discharge of Sun Life's obligations. Sun Life Assurance Company of Canada shall have no duty whatsoever now or at the time of payment of any proceeds to (a) see or review the guardianship documentation or (b) make any inquiry concerning the continued existence of the guardianship.

*Is any Legal Guardian listed above a PEP or a close relative of a PEP (Politically Exposed Person)? Yes No

If "Yes," please provide the Legal Guardian name, title/rank, details of duties, or if a relative of a PEP, provide the nature of relationship with the PEP.

4.a. Is your Policy/Certificate collaterally assigned? Yes No
If "Yes," please complete 4.b below.

4.b. Only to be completed if your answer to 4.a above is "Yes."

Does your collateral assignment require prior approval of Assignee for change of Beneficiary? Yes No

4.c. Name of All Primary Beneficiary(ies) to be removed:

Family Name/ Last Name	Given Name(s)/ First Name(s)	Former, Maiden or Alias Name	Relationship	Date of Birth (dd/mm/yyyy)	Revocable	Irrevocable
				/ /	<input type="checkbox"/>	<input type="checkbox"/>
				/ /	<input type="checkbox"/>	<input type="checkbox"/>
				/ /	<input type="checkbox"/>	<input type="checkbox"/>
				/ /	<input type="checkbox"/>	<input type="checkbox"/>

4.d. This section may be used for changing or rebalancing existing beneficiary(s) portion/shares.

Name of All New Beneficiary(ies)* to be added:

Family Name/ Last Name	Given Name(s)/ First Name(s)	Former, Maiden or Alias Name	Relationship	Date of Birth (dd/mm/yyyy)	Revocable	Irrevocable	Original %	New %
				/ /	<input type="checkbox"/>	<input type="checkbox"/>		
				/ /	<input type="checkbox"/>	<input type="checkbox"/>		
				/ /	<input type="checkbox"/>	<input type="checkbox"/>		
				/ /	<input type="checkbox"/>	<input type="checkbox"/>		

4. CHANGE OF PRIMARY BENEFICIARY(IES)¹ (continued)

*Is any beneficiary listed above a PEP (Politically Exposed Person) or a close relative of a PEP? Yes No

If "Yes," please provide the beneficiary name, title/rank, details of duties, or if a relative of a PEP, provide the nature of relationship with the PEP.

Special Instructions

4.e. Name of All Contingent Beneficiary(ies) to be removed:

Family Name/ Last Name	Given Name(s)/ First Name(s)	Former, Maiden or Alias Name	Relationship	Date of Birth (dd/mm/yyyy)	Revocable	Irrevocable
				/ /	<input type="checkbox"/>	<input type="checkbox"/>
				/ /	<input type="checkbox"/>	<input type="checkbox"/>
				/ /	<input type="checkbox"/>	<input type="checkbox"/>
				/ /	<input type="checkbox"/>	<input type="checkbox"/>

4.f. This section may be used for changing or rebalancing existing contingent beneficiary(s) portion/shares.

Name of All New Contingent Beneficiary(ies) to be added:

Family Name/ Last Name	Given Name(s)/ First Name(s)	Former, Maiden or Alias Name	Relationship	Date of Birth (dd/mm/yyyy)	Revocable	Irrevocable	Original %	New %
				/ /	<input type="checkbox"/>	<input type="checkbox"/>		
				/ /	<input type="checkbox"/>	<input type="checkbox"/>		
				/ /	<input type="checkbox"/>	<input type="checkbox"/>		
				/ /	<input type="checkbox"/>	<input type="checkbox"/>		

¹**Predeceased Beneficiary(ies):** Unless otherwise specified, if a beneficiary predeceases the Insured, that beneficiary's share will be allocated equally among the surviving beneficiaries within that class. For example, if more than one Primary Beneficiary is designated, and one of the Primary Beneficiary's predeceases the Insured, the remaining Primary Beneficiary(ies) share the proceeds equally.

Contingent Beneficiary(ies): The Contingent Beneficiary(ies) will be entitled to the payment of proceeds only if, at the time of the Insured's death, all Primary Beneficiary(ies) have predeceased the Insured, unless otherwise specified.

Irrevocable Beneficiary Designation: If you make a beneficiary designation irrevocable, you cannot change the beneficiary without the beneficiary's written consent. In addition, you have to obtain the beneficiary's consent to take any action that may affect the value or ownership of the Certificate, e.g., requesting a loan or surrendering the Policy.


All Irrevocable Beneficiaries must complete and submit a Declaration of Individual form and submit a Certified True Copy of Government Identification along with completing a Self-Certification form.

Minor Beneficiary(ies): Any payment due to a minor Beneficiary will be made to the legal Guardian you have named above.

5. CONTINGENT PARTICIPANT (Optional)

5.a. Please complete the section below to name a New Contingent Participant.

New Contingent Participant ¹ (Name of Individual, Trust, Corporation or Partnership)		Relationship to Insured	
If the new Contingent Participant is an individual, has he/she been known under any Former Name, Maiden Name or Alias? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," please provide the other name(s) below.			
Country of Residence, Trust Deed, Incorporation or Partnership			
Permanent Registered/Residence Street Address			
City	State/Province	Country	Postal Code

 ¹ The Contingent Participant will become the Participant upon the death of the named Participant in Section 1, subject to our approval. Please attach identity documentation and the corresponding Declaration of Individual form for the Contingent Participant.

5.b. Please check here to remove a Current Contingent Participant (if one was previously named).

Family Name/Last Name	Given Name(s)/First Name(s)	Former, Maiden or Alias Name
Relationship	Date of Birth (dd/mm/yyyy)	
Policy Owner/Participant/Trust Participant Name (If legal entity)		

6. CHANGE POLICY OWNER/PARTICIPANT

6.a. Please complete this section to change the Policy Owner/Participant

To change the Policy Owner/Participant, complete this section and attach a letter of explanation, including the relationship of the new Policy Owner/Participant to the Insured, and complete a Declaration of Individual form along with submitting the relevant Identity Documentation.

I/we acknowledge that in accordance with applicable regulations, Sun Life may require a complete set of **updated Client Due Diligence information and/or documentation** from the Clients (i.e. the Policy Owner/Participant and Premium Payor), and in certain cases, include verification of payment transaction (source of funds) and verification of source of wealth documents. The term "Client" includes entities and Natural Persons who act as Controlling Persons or are Beneficial Owners within an entity structure.

I/we agree that Sun Life will not process this service request until all information and any requested updated client documentation is received in good order to be considered for processing.

The new Owner must complete the U.S. FATCA and OECD CRS Individual or Entity Self-Certification form, whichever is applicable. The change of ownership shall not be recorded until receipt of the proper form being satisfactorily completed in good order.

Name of Current Policy Owner/Participant
Is/has the above individual been known under any Former Name, Maiden Name or Alias? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please provide the other name(s) below.
Address

Name of New Policy Owner/Participant
Is/has the above individual been known under any Former Name, Maiden Name or Alias? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please provide the other name(s) below.
Relationship to Insured
Address

By signing below, the undersigned acknowledges Sun Life Assurance Company of Canada ("Sun Life") will collect, use, and may disclose personal information for the following purposes: (a) to process and evaluate an application, transaction, or request related to life insurance, annuity, investment account, or other product or service we may offer (any of which referred to here for convenience as "your policy"), (b) to underwrite an application for your policy, (c) to administer claims and determine or fulfill responsibility for coverage and provision of benefits, (d) to administer coverage, benefits, and other features provided by your policy, (e) to obtain reinsurance, or (f) for any other legally permissible purpose related to your policy provided by Sun Life. The undersigned hereby consents to the collection, use, and disclosure of his or her personal information by Sun Life for the purposes described above.

Sun Life may disclose your personal information to reinsurers, affiliates, third party service providers and agents of Sun Life who may be engaged to assist with the administration of your policy, to carry out the above purposes, to professional advisors, and otherwise as may be required or permitted by applicable law and Sun Life's privacy statement, which is located at <https://www.sunlife.com/PSLF/bermuda>.

Any individual signing below on behalf of an entity or a trust represents and warrants that he or she has full authority to do so and is fully authorized to provide personal information about any individual(s) identified above or attached to or included with this package of documents who are associated with the entity or the trust, including any Director, CEO, Partner, Payor, Controlling Person, Settlor, Underlying Beneficial Owner, or Beneficiary.

6. CHANGE POLICY OWNER/PARTICIPANT (continued)

To be signed by the Participant(s) or Authorized Representative exactly as shown on the Application.

If you are signing this form as a fiduciary for the Participant (power of attorney, trustee, guardian, custodian, etc.), please sign and indicate your fiduciary capacity. We will need your authorizing documents to process this request. If we do not have them on file, please attach them to this form.

If signatures do not match those on file, please disclose the reason as to why the signatures no longer match, and provide all information on all participants in Section 1.

Signature of New Policy Owner/Participant X	Date (dd/mm/yyyy)
Signature of Insured X	Date (dd/mm/yyyy)
Fiduciary Capacity (power of attorney, trustee, guardian, custodian, etc), if applicable	

6.b. New Policy Owner/Participant Correspondence Mailing Instruction

By completing this section, the above named new Policy Owner/Participant hereby requests and directs the Company to send all Policy/Certificate statements, confirmations, and other written communications and information, (collectively, "correspondence"), to the following address, or such other address as may be provided by the Policy Owner/Participant in writing, in a form acceptable to the Company, from time to time:

Mailing Address			
City	State/Province	Country	Postal Code
To the Attention of (Print Name & Relationship to Policy Owner/Participant)			

I understand and agree that the Company is not responsible for any loss or damages arising from the foregoing instruction concerning correspondence pertaining to the Policy/Certificate, whether transmitted by regular mail, courier, or electronic transmission. I further acknowledge that the Company reserves the right to send correspondence concerning the Policy/Certificate directly to the Policy Owner/Participant in its sole discretion.

6.c. For Sun Global Sentinel ONLY – You have the right to attend and vote at the meetings of the voting policyholders of Sun Life Assurance Company of Canada. You can also vote by proxy if you're unable to attend meetings.

Do you want us to notify you of these meetings and send you related information? Yes No

NOTE: If you don't answer, we'll assume you answered "No."

7. REQUEST FOR A LOST POLICY/CERTIFICATE OR DUPLICATE COPY

Lost Policy/Certificate

You are unable to locate the Policy/Certificate mentioned above and would like to request another copy. If you find the original, you will return it to the Company immediately.

I request a duplicate Policy/Certificate

Please provide reason for duplicate copy.

8. SIGNATURE

To be signed by the Policy Owner/Participant/Trust Participant or Authorized Signatory exactly as shown on the Policy/Certificate Application or accompanying list of Authorized Signatories.

Service requests that may remove an Irrevocable Beneficiary or affect the value or ownership of a Policy/Certificate with an Irrevocable Beneficiary designation must be signed by the Irrevocable Beneficiary.

By signing below, the undersigned acknowledges Sun Life Assurance Company of Canada ("Sun Life") will collect, use, and may disclose personal information for the following purposes: (a) to process and evaluate an application, transaction, or request related to life insurance, annuity, investment account, or other product or service we may offer (any of which referred to here for convenience as "your policy"), (b) to underwrite an application for your policy, (c) to administer claims and determine or fulfill responsibility for coverage and provision of benefits, (d) to administer coverage, benefits, and other features provided by your policy, (e) to obtain reinsurance, or (f) for any other legally permissible purpose related to your policy provided by Sun Life. The undersigned hereby consents to the collection, use, and disclosure of his or her personal information by Sun Life for the purposes described above.

Sun Life may disclose your personal information to reinsurers, affiliates, third party service providers and agents of Sun Life who may be engaged to assist with the administration of your policy, to carry out the above purposes, to professional advisors, and otherwise as may be required or permitted by applicable law and Sun Life's privacy statement, which is located at <https://www.sunlife.com/PSLF/bermuda>.

Any individual signing below on behalf of an entity or a trust represents and warrants that he or she has full authority to do so and is fully authorized to provide personal information about any individual(s) identified above or attached to or included with this package of documents who are associated with the entity or the trust, including any Director, CEO, Partner, Payor, Controlling Person, Settlor, Underlying Beneficial Owner, or Beneficiary.

If you are signing this form as a fiduciary for the Participant (power of attorney, trustee, guardian, custodian, etc.), you must also indicate your fiduciary capacity. We will need your authorizing documents to process this request. If you have not previously provided them, please attach them to this form.

If signatures do not match what was previously provided, please disclose the reason as to why the signatures no longer match.

Current Policy Owner/Participant Signature X	Date (dd/mm/yyyy)
Fiduciary Capacity (power of attorney, trustee, guardian, custodian, etc), if applicable	

Trust Participant Signature (if applicable - required if Policy is held in a Sub-Trust pursuant to the Sun Life Master Insurance Trust) X	Date (dd/mm/yyyy)
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Irrevocable Beneficiary (if applicable) Signature X	Date (dd/mm/yyyy)
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By signing below, I attest to personally witnessing the signature of the authorized signor (Not applicable to Sub-Trust Policy Owners).

Servicing Broker's Signature (or Representative from Servicing Distributor) X	Date (dd/mm/yyyy)
Print Name	Title
Servicing Distributor Name	

On behalf of the Assignee [name of bank assignee] _____, by signing below, we agree to the above requested [change of name] [change of beneficiary] [change of address] [change of owner] [change of contingent participant].

Assignee Signature X	Date (dd/mm/yyyy)
Assignee Signature X	Date (dd/mm/yyyy)

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