



Irrevocable beneficiary declaration form



Return the completed form to:

Sun Life Financial, Group Retirement Services
PO Box 6029 Station D, Montreal QC H3C 3A7
www.sunlife.ca

Nota : La version française de ce document est également disponible.

Please PRINT clearly.

1 Plan and your personal information

| | | | |
|--|--------------------------|---------------------------|-------------------|
| Name of plan sponsor McGill University | | Client ID C0729 | Plan 01 |
| First name | Middle initial | Last name | |
| Date of birth (dd-mm-yyyy) | Social Insurance Number* | Account number | |

*Your Social Insurance Number is used for administrative purposes so that information on this form is applied to your account.

2 Declaration of the irrevocable beneficiary

Please complete section A or B

A. The irrevocable beneficiary revocation applies to the following products:

☐ MUPP – A – 88951* ☐ MUPP – B – 88950* ☐ RRSP/LIRA – 88949/88948 ☐ TFSA – 88947 ☐ All products

I the undersigned, irrevocable beneficiary under the above Sun Life Financial group policy, declare the following:

☐ I revoke all of my rights as irrevocable beneficiary under the above Sun Life Financial group policy. I understand that I will no longer be the irrevocable beneficiary and that the member will now be able to change the beneficiary, request transfers to other financial institutions/products as well as withdrawals (full or partial), if permitted under the plan, without my prior consent.*

*Note: If you are the plan member's spouse/common-law partner, this declaration is not a spousal waiver as referred to under the pension legislation that applies to the member under this policy. If it is your intention to waive certain benefits, you must also complete the appropriate spousal waiver form. You may obtain a copy of this waiver form by calling the Sun Life Financial Customer Care Centre at 1-866-733-8612 from 8 a.m. to 8 p.m. ET any business day.

B. The irrevocable beneficiary revocation applies to the following products:

☐ MUPP – A – 88951* ☐ MUPP – B – 88950* ☐ RRSP/LIRA – 88949/88948 ☐ TFSA – 88947 ☐ All products

I the undersigned, irrevocable beneficiary under the above Sun Life Financial group policy, declare the following:

☐ I do not revoke all my rights as irrevocable beneficiary under the above Sun Life Financial group policy.

• I consent to the plan member's request to withdraw an amount of \$ _____ from the above selected Sun Life Financial product, but I do not wish to revoke my rights as irrevocable beneficiary for the balance of the account under this policy.

• I consent to the plan member's request to transfer an amount of \$ _____ from the above selected Sun Life Financial product to another plan/financial institution and I revoke my rights as irrevocable beneficiary for that transferred amount. However, I do not wish to revoke my rights as irrevocable beneficiary for the balance of the account, if any, under this policy.

PCHG



3 Irrevocable beneficiary's authorization

This form is not suitable for all purposes and you must make sure that it will carry out your intentions before signing. Sun Life Assurance Company of Canada cannot be responsible for the effect or sufficiency of the completed form.

| | | | |
|---|--------------------------------------|----------|--------------------|
| First name of irrevocable beneficiary | Last name of irrevocable beneficiary | | |
| Address (street number and name) | | | Apartment or suite |
| City | | Province | Postal code |
| Signature of irrevocable beneficiary X | | | Date (dd-mm-yyyy) |

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