

Instructions: Please complete, sign and date this form. Initial any changes or deletions, but do not use correction fluid. By completing section 2, 3 or 4 all previously nominated beneficiaries and contingent beneficiaries are revoked. This form applies to Basic and Optional Life proceeds.

Return to: Nova Scotia Public Service Commission, Benefits, P.O. Box 943, Halifax, NS B3J 2V9 or 5th Floor, World Trade Centre

Section 1: Member Information

Last Name:	First Name:	DOB: (DD/MM/YY)	Department:	Member ID Number:
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Section 2: Beneficiary Nomination (to be completed by the Member)

If you are nominating a beneficiary who is a minor (19 and under) see **Section 4**. If there are no surviving beneficiaries at the time of my death or if no beneficiaries are nominated, the proceeds shall be paid to my estate.

Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:

Section 3: Appointing Contingent Beneficiaries

If there are no surviving beneficiaries at the time of my death, I declare that the following contingent beneficiaries shall receive the proceeds. If there are no surviving contingent beneficiaries at the time of my death, the proceeds shall be paid to my estate.

Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:

Section 4: Trustee Nomination for Minor Beneficiary

Any payments becoming due while the beneficiary(s) is a minor, are to be paid to the following as a trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to said trustee will discharge the company.

Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Contact Phone Number:
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Section 5: Authorization

I authorize Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information collected in this form to underwrite, administer and pay claims.

Member's Signature:	Department:	Date:
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Note: Date of birth for beneficiaries is optional information. If provided it would be used to assist in beneficiary identification.