

Name change or correction

Do not use this form for transfers of ownership: use form E82, Assignment of Policy Absolute (transfer of ownership). Do not use this for a Corporate name change. Submit Articles of Amendment.

You must initial any corrections to the form

1. List the policy numbers for which you would like to make a name change or correction:

Policy number	Policy number	Policy number	Policy number
---------------	---------------	---------------	---------------

2. Name change: (Please print using upper and lower case letters - i.e. MacDonald)

From: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	To: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
--	--

3. Choose the following option(s) that apply:

<input type="checkbox"/> policy owner	<input type="checkbox"/> beneficiary
<input type="checkbox"/> contingent owner	<input type="checkbox"/> Pre-authorized cheque
<input type="checkbox"/> insured person/annuitant	<input type="checkbox"/> recipient

4. Reason for change:

Form required:

<input type="checkbox"/> marriage	none
<input type="checkbox"/> returning to maiden name	none
<input type="checkbox"/> legal changes	supporting documentation
<input type="checkbox"/> incorrectly shown on records	birth certificate or supporting documentation
<input type="checkbox"/> commonly known as	birth certificate
<input type="checkbox"/> adoption	adoption order or new birth certificate

5. Please sign and date here:

Signature of the owner of the policy X	Date (d/m/y)
Advisor's name	Advisor's ID number

Return to:

Sun Life Assurance Company of Canada
227 King Street South
PO Box 1601, Stn Waterloo
Waterloo, ON N2J 4C5