

# Beneficiary Designation

Policy no. \_\_\_\_\_ Part no. \_\_\_\_\_ Account no. \_\_\_\_\_ Certificate no. \_\_\_\_\_

Group policyholder or participating employer \_\_\_\_\_

Name of insured \_\_\_\_\_ Former name \_\_\_\_\_

If your designation does not fit into one of the sections below please contact your HR representative or Sun Life Financial for assistance. For your convenience, a FAQ regarding beneficiary designations is available on our website at [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com). Please review and complete the back of this form, as applicable.

**Only one section may be completed.**

<input type="checkbox"/> 1. INDIVIDUAL(S)				
<b>PRIMARY BENEFICIARY (IES)</b>	<b>All beneficiaries in this section will be considered primary. Proceeds will be paid in equal shares to primary beneficiaries who survive you unless you indicate percentages. Percentages must equal 100%.</b>			
NAME	PERCENTAGE	DOB	SSN	RELATIONSHIP
<b>SECONDARY BENEFICIARY (IES)</b>	<b>All beneficiaries in this section will be considered secondary. If no primary beneficiaries survive you, proceeds will be paid to the surviving secondary beneficiaries named in this section. Payment will be paid in equal shares unless you indicate percentages. Percentages must equal 100%.</b>			
NAME	PERCENTAGE	DOB	SSN	RELATIONSHIP

<input type="checkbox"/> 2. TRUSTEE UNDER TRUST AGREEMENT	
To _____	NAME OF TRUSTEE
of _____	CITY STATE
agreement of _____	NAME OF SETTLOR, GRANTOR, DONOR
dated _____, as amended.	

<input type="checkbox"/> 3. TRUSTEE UNDER WILL
To the trustee under my last will and testament, including any codicil thereto

<input type="checkbox"/> 4. ESTATE OF INSURED
To the executors or administrators of my estate

ANY AMOUNT OF INSURANCE PAYABLE AT MY DEATH SHALL BE PAYABLE AS INDICATED ABOVE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Received and recorded by \_\_\_\_\_ Date \_\_\_\_\_

Insurance products are underwritten by Union Security Insurance Company (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA).

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**General Provisions**

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- A. Please provide the name, relationship and address of **each** beneficiary named in section 1 on the front of this form.
- B. If there is no beneficiary entitled to payment in accordance with the designation, payment will be made to the spouse of the insured if living; otherwise, in equal shares to the then living children of the insured, if any; or, if none, to the father and mother of the insured, in equal shares or to the survivor of them; or, if none, to the executors or administrators of the insured's estate.
- C. The Company will make payment to the trustee under the insured's last will and testament if it receives at its home office, within one year after the date of the insured's death, evidence satisfactory to it that the trustee is authorized to receive payment under applicable law. If no evidence is received within that period, payment will be made to the executors or administrators of the insured's estate.
- D. Payment to any trustee in accordance with the designation will discharge the Company to the extent of such payment, and the Company will not be responsible for the proper discharge of the trust or any of its terms.
- E. If any Primary or Secondary Beneficiary dies before the insured, then that beneficiary's share will be distributed equally among the other surviving beneficiaries within the same Primary or Secondary designation, unless the insured indicates otherwise in writing.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

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