

CHANGE OF RECORDS



1. PLAN SPONSOR DATA

NAME LUTHERAN CHURCH - CANADA	CLIENT ID. 8LM	POLICY NO. 65139	- G
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2. MEMBER DATA

NAME (surname, given name & initials)	MEMBER NO. *	SOCIAL INSURANCE NO.
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* If the member number is my social insurance number, I authorize the use of this number for tax reporting, identification and the administration of my benefits.

3. CHANGE OF ADDRESS

NEW ADDRESS	EFFECTIVE DATE day month year
	POSTAL CODE

4. CHANGE OF NAME

Please change my name to the following: (surname, given name & initials)

5. CHANGE OF MARITAL STATUS

I hereby certify that, at the time of this declaration based on the applicable definition of spouse:

I have a spouse (includes common law spouse)

Last name: _____ First name: _____

I do not have a spouse **Should my spousal status change in the future, I will notify the Plan Sponsor.**

DATE OF BIRTH		
day	month	year

6. BENEFICIARY DESIGNATION

Note: THIS DESIGNATION ONLY APPLIES TO THOSE DEATH BENEFITS WHICH ARE NOT, BY LAW OR BY PENSION PLAN RULES, PAYABLE TO THE SURVIVING SPOUSE.

As beneficiary for benefits due on my death, I, the member, revoke any previous beneficiary and name instead:

Name of Beneficiary (PLEASE PRINT) Relationship to the member (PLEASE PRINT)

WHERE QUEBEC LAW APPLIES, A SPOUSE BENEFICIARY IS **IRREVOCABLE** UNLESS YOU MAKE THE DESIGNATION REVOCABLE BY CHECKING HERE: REVOCABLE

Note: IF YOU HAVE A SPOUSE WHEN YOU DIE, THE LAW MAY STIPULATE THAT THE DEATH BENEFIT BE PAID TO THE SPOUSE.

DATE _____ * SIGNATURE OF MEMBER _____

DATE _____ SIGNATURE OF SPOUSE _____
(For changes to spousal RRSP)

QUÉBEC MEMBERS ONLY

I, hereby request that all documents and future communications relating to my membership in the Plan be in English.

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

Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies.

send form to: SunLife Assurance Company of Canada, 227 King Street S., Box 1601 Stn Waterloo, Waterloo ON N2J 4C5