

**Beneficiary Nomination Form**  
**Province of Nova Scotia Group Life Insurance Benefits Policy 71309**

**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, contingent beneficiaries and trustees are revoked.

**Please ensure that the percentage column for each section totals 100%. Please do not use fractions or decimals.**

\*This form applies to Employee Basic and Employee Optional Life proceeds only. For Spouse and Child Optional Life Insurance, the employee is the designated beneficiary.

**Return to:** Benefits Unit, Nova Scotia Public Service Commission, P.O. Box 943, Halifax, NS B3J 2V9 or [Benefits@novascotia.ca](mailto:Benefits@novascotia.ca).

**Section 1: Member Information**

Last Name:	First Name:	DOB: (DD/MM/YY)	Department:	Employee/Retiree 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. (No Decimals)

Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
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**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. Unless I specify otherwise, my contingent beneficiaries will apply to all benefits for which I have coverage. I revoke all previous contingent beneficiary appointments. (No Decimals)

Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
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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, my employer, its agents and service providers, its reinsurers and their service providers to collect, use and disclose relevant information collected about me to underwrite, administer my benefits and pay claims.

<b>Member's Signature:</b>	<b>Department:</b>	<b>Date:</b>
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