

Notice of termination of service



Return completed form to the appropriate office of:
Sun Life Assurance Company of Canada, Group Retirement Services

Please PRINT clearly.

Plan Sponsor information

Name of Plan Sponsor	Client ID	Plan
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Plan member information

Plan member name (first, middle initial, last)		Identification number
Address (street number and name, apartment or suite)		
City	Province	Postal Code

Termination information

Plan member's termination date:

- Termination reason: Termination of employment
 Retirement
 Death

All contributions for this plan member have been remitted to Sun Life Financial:

Yes

No If no, indicate date the last contribution is scheduled to be remitted:

Note: The benefit payment cannot be processed until all contributions have been received.

Upon receipt of this notice, a package will be sent to the plan member/beneficiary to provide information about all of the benefit options available to them.

Signature of authorization

Plan sponsor signature X	Date (d / m / y)
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