

SMA ID#

For the members of the Saskatchewan Medical Association

In this application you and your refer to the person applying for insurance. We and the Company refer to Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Please PRINT clearly.

1 General information

First name	Middle initial	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd-mm-yyyy) — —
Former/maiden name (if applicable)				
Mailing address (street number and name)				Apartment or suite
City		Province	Postal Code	
Telephone — —		Email address		
Date you started residency (dd-mm-yyyy) — —		Date you expect to complete residency (dd-mm-yyyy) — —		
Type of program (Speciality)				
<input type="checkbox"/> Non-smoker <input type="checkbox"/> Smoker		Non smoker means that you have not used any tobacco or tobacco cessation products in the last 12 consecutive months.		

2 Coverage applied for

Life insurance – \$100,000 including waiver of premium rider Yes – Future Insurance option rider

3 Beneficiary designation

This designation supercedes any previous beneficiary designation and will apply to the entire amount of your SMA Life insurance coverage.

The primary beneficiary receives the benefits under a certificate that are payable when the applicant dies. If there is more than one primary beneficiary and one of the primary beneficiaries dies before the applicant, that beneficiary's benefits are divided equally among the remaining primary beneficiaries.

PRIMARY beneficiary or beneficiaries – Share of benefits must add up to 100%.

Last name	First name	Middle initial	Relationship to life insured	Amount %	Indicate birthdate if under 18 (dd-mm-yyyy) — —

If all the primary beneficiaries die before the insured person, the secondary beneficiary or beneficiaries will receive the benefits payable under the certificate of insurance when the applicant dies.

SECONDARY beneficiary or beneficiaries – Share of benefits must add up to 100%.

Last name	First name	Middle initial	Relationship to life insured	Amount %	Indicate birthdate if under 18 (dd-mm-yyyy) — —

Any amount payable to a child appointed above during (his/her) minority shall be paid to the following as trustee for such child:

Trustee clause for minor children – applies when beneficiary is under age 18.

Last name of trustee	First name	Middle initial	Relationship to life insured

4 Declaration and authorization

Please read and sign this section.

I declare that my answers in this application are true and complete and I understand that concealment, misrepresentation or false declaration concerning this application will cause the insurance to be void. As a member of the Saskatchewan Medical Association, I understand and agree that this application is void unless I am a resident working full-time in Saskatchewan on the date of this application.

I authorize Sun Life Assurance Company of Canada, its agents and service providers including institutions, investigative agencies, insurers and reinsurers including the plan administrator, to use and exchange relevant information about me in connection with this application, for the purpose of administration and adjudicating claims under this insurance coverage.

Your signature X		
Location signed (city)	Location signed (province)	Date (dd-mm-yyyy) — —

Please forward your completed application by:

mail: **SMA Insurance**
201 – 2174 Airport Dr.
Saskatoon, SK S7L 6M6

OR fax: 306-653-1631

OR scan and email: insurance@sma.sk.ca

5 Respecting your privacy

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our Privacy Policy, visit our website at www.sunlife.ca, or send a written request by email to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5 to request that a copy of our Privacy Brochure be sent to you.