

Qualification of partner



Please PRINT clearly

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

1 Identification

Contract number	Member ID number	Member name
Contract Holder name		

2 Declaration

I, _____ hereby elect to qualify as my Spouse _____ who has been represented as my Spouse since _____ (yyyy/mmm/dd). (To qualify, such partner must have been continuously represented as my spouse for the minimum period indicated in the Group Contract).

I warrant that the reasons given above to substantiate the qualification of my Spouse are accurate and I understand that the strict accuracy of this information is a condition of the exercise of this right of qualification by me. I further understand that no payment will be made under a Benefit Provision in respect of the above persons, if, on the date of a claim, he or she could not at that time be qualified as a Spouse.

Member Signature	
Location signed (city, province)	Date (yyyy/mmm/dd)