Sun Life Financial

ALBERTA TEACHERS' ASSOCIATION
OPTIONAL GROUP LIFE INSURANCE

MEMBER NAME: _____ MEMBER ID NUMBER: _____

CHANGE OF NAME

FROM (former name) : _____

TO (current name) : _____

CHANGE OF ADDRESS

NEW ADDRESS : _____ _____ _____ _____
Street | City / Town | Province | Postal Code

CHANGE OF BENEFICIARY

I APPOINT _____ RELATIONSHIP _____

TRUSTEE : _____ (If beneficiary is under the age of 18)

CONTINGENT BENEFICIARY(IES) _____

BANKING INFORMATION CHANGE (**ATTACH A VOIDED BLANK CHEQUE**)

TRANSIT # _____ BRANCH # _____ NEW ACCOUNT # _____

SMOKER / NON-SMOKER STATUS CHANGE

I, the Member _____

I, the Spouse _____

Certify that I have not smoked since _____ or Certify that I have never smoked _____
MM / DD / YY

CHANGE OF INSURANCE

Present Coverage:	New Coverage:
#_____ Units of Member Life Insurance	#_____ Units of Member Life Insurance
#_____ Units of Spouse's Life Insurance	#_____ Units of Spouse's Life Insurance

A Statement of Health for Member and/or Spouse with attached Memo must be completed if the Member or Spouse is requesting additional Life Insurance coverage.

Dependant Child Life Insurance _____Yes _____ No
(Eligible children are your children under age 22, and children between 22 and 25 attending school full time.)

Signature: _____ Date: _____