

CHANGE OF RECORDS

PLEASE RETURN TO SAINT MARY'S UNIVERSITY HUMAN RESOURCES DEPARTMENT

1. EMPLOYER DATA

NAME Saint Mary's University	POLICY NO. - G	POLICY NO. - G	CLIENT ID 8NT
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2. EMPLOYEE DATA

NAME (surname, given name & initials)	EMPLOYEE NO. *	SOCIAL INSURANCE NO.
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* If the employee number is my social insurance number, I authorize the use of this number for tax reporting, identification and the administration of my benefits.

3. CHANGE OF PAYROLL DEDUCTION

VOLUNTARY CONTRIBUTIONS

- I would like to contribute % over and above the required contribution and agree to have this amount deducted from my bi-weekly pay.
- I would like to cease payroll deductions for voluntary contributions.

4. CHANGE OF NAME

Please change my name to the following: (surname, given name & initials)

5. CHANGE OF MARITAL STATUS

6. BENEFICIARY DESIGNATION (A Beneficiary Designation form is also available on the Sun Life Plan Member Services Web Site.)

