

## For the members of Doctors of BC

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

Doctors of BC#	Last name	Middle initial	First 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      Non smoker means that you have not used any tobacco or tobacco cessation products in the last 12 consecutive months. <input type="checkbox"/> Smoker					

### 2 Coverage applied for

**Life insurance – \$100,000**     **Yes – Waiver of premium rider\***     **Yes – Future Insurance option rider\***  
If additional coverage is desired, please contact Doctors of BC for information.

### 3 Beneficiary designation

#### Beneficiary designation

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

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

Last name	First name	Middle initial	Relationship to life insured	Amount %	Indicate age if under 19

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

Last name	First name	Middle initial	Relationship to life insured	Amount %	Indicate age if under 19

If all primary beneficiaries die before you, the contingent beneficiaries will receive the benefits payable.

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 19.

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

For more information about the riders, please visit the Doctors of BC website at [www.doctorsofbc.ca/insurance](http://www.doctorsofbc.ca/insurance).

#### 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.

I also certify that I am a member of Doctors of BC or the Yukon Medical Association and am actively engaged in my regular occupation on the date of this application.

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

A photocopy of this authorization shall be as valid as the original.

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

**Please return your completed application to:**

**Mailing Address:**

**Doctors of BC Insurance Department  
115 – 1665 West Broadway  
Vancouver BC V6J 5A4**

**or Fax Number:**

**604-638-2909**

**or Email: Scan to Email Address**

**insurance@doctorsofbc.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](http://www.sunlife.ca), or send a written request by email to [privacyofficer@sunlife.com](mailto: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.