Application Form

SUN LIFE/METLIFE UNIVERSAL LIFE INSURANCE CLASS ACTION

Fehr v. Sun Life Assurance Co. of Canada
Ontario Superior Court of Justice No. CV-10-00411183-00CP

This form is required for all Past Flexiplus Policyholders and Past Universal Plus Policyholders seeking to claim Cash Benefits from the Settlement Funds. If you had more than one policy which was terminated prior to March 31, 2026, please fill out a separate form for each policy.

This form and all supporting documents, if applicable, must be completed and submitted to the Claims Administrator no later than November 28, 2027, either by email to sunlife@classaction2.com or by mail in hard copy form to the following address:

Sun Life Class Action
c/o CA2 Inc.
9 Prince Arthur Avenue
Toronto, ON M5R 1B2

Any Application Form postmarked or uploaded after November 28, 2027, will be rejected, with no right of appeal.

All fields are required unless marked optional.

I am submitting this form as the:

- ☐ previous holder of a Universal Plus policy
- ☐ previous holder of a Flexiplus policy
- ☐ previous holder of a policy, but do not recall which type
- ☐ legal representative of an individual who previously held a Universal Plus policy
- ☐ legal representative of an individual who previously held a Flexiplus policy
- ☐ legal representative of an individual who previously held a policy, but do not recall which type

Part 1: Class Member Information

1.1 First Name

Middle Name (optional)

1.2 Last Name

1.3 Class Member ID Number (optional)

1.4 Date of Birth (mm/dd/yyyy)

1.5 Sun Life Policy Number (optional)

1.6 Permanent Home Address

Street Address

City/Municipality

Province/Territory

Postal Code

1.7 Mailing Address (if different from above)

Street Address

City/Municipality

Province/Territory

Postal Code

1.8 Email Address

1.9 Telephone Number

1.10 Alternate Number

1.11 Election for Payment by Cheque or Direct Deposit

If you elect payment by cheque, you must cash the cheque within six months of its issuance.

Please choose **ONE** option:

- ☐ Cheque mailed to address #1.6 above; OR
- ☐ Cheque mailed to address #1.7 above; OR
- ☐ Direct Deposit to Bank Account set out below:

Name of Account Holder	
Name of Financial Institution	
Institution Number (3-digit number)	
Branch Transit Number (5-digit number)	
Bank Account Number (7- to 12-digit number)	

- ☐ I have attached a void cheque for this account.
- ☐ I will send a void cheque for this account by email to sunlife@classaction2.com.

Part 2: Legal Representative Information

If you are submitting the Application Form on behalf of a Class Member, complete **Part 2**.

If you are submitting the Application Form on your own behalf, please skip to **Part 3**.

☐ I am submitting the Application Form in my capacity as an Estate Representative

☐ I am submitting the Application Form in my capacity as a Legal Representative

2.1 First Name | Middle Name (optional) | 2.2 Last Name

2.3 Permanent Home or Office Address

Street Address

City | Province/Territory | Postal Code

2.4 Mailing Address (if different from above)

Street Address

City | Province/Territory | Postal Code

2.5 Email Address

2.6 Telephone Number | 2.7 Alternate Number

2.8 Role on Behalf of the Class Member

2.9 Proof of That Role

☐ I have attached proof of authority to act on behalf of a deceased Class Member, such as a Certificate of Appointment of Estate Trustee or equivalent, and Will documents.

☐ I have attached proof of authority to act on behalf of a Class Member, such as Power of Attorney for Property, sworn affidavit attesting to your legal authority, or letter of retention.

☐ I will send proof of authority to act on behalf of a Class Member by email to sunlife@classaction2.com.

2.10 Election for Payment by Cheque or Direct Deposit

If you elect payment by cheque, you must cash the cheque, made out to the Class Member (if you are acting as Power of Attorney), or their Estate, within six months of its issuance.

Please choose **ONE** option:

☐ Cheque mailed to address #2.3 above; OR

☐ Cheque mailed to address #2.4 above; OR

☐ Direct Deposit to Bank Account set out below:

Name of Account Holder	
Name of Financial Institution	
Institution Number (3-digit number)	
Branch Transit Number (5-digit number)	
Bank Account Number (7- to 12-digit number)	

☐ I have attached a void cheque for this account.

☐ I will send a void cheque for this account by email to sunlife@classaction2.com

Part 3: Declarations and Signature

3.1 Indemnity

By signing this form, you acknowledge that, if you or the Class Member that you represent, receive a payment in respect of the Sun Life Class Action, you are responsible for any taxes, EI premiums, or CPP premiums that might apply to that payment. Sun Life, Class Counsel, and the Claims Administrator will not be withholding any portion of funds paid in respect of this Class Action on your behalf for the Canada Revenue Agency ["CRA"]. You agree to indemnify and save harmless Sun Life, Class Counsel, and the Claims Administrator, and you waive any claims for any taxes, charges, penalties, or obligations, if any, applied by the CRA to the payment.

3.2 Privacy Statement and Consent

Sun Life, Class Counsel, and the Claims Administrator will collect, use and/or disclose this form and any enclosures, data, information, reports, material or other documents of any nature which are disclosed, revealed or transmitted to them with this form solely for the purpose of executing the terms of the Sun Life/MetLife Universal Life Insurance Class Action Settlement Agreement. The use and disclosure of any personal information received by Sun Life, Class Counsel, or the Claims Administrator is subject to all applicable laws that may require the retention or disclosure of the personal information disclosed, including the *Personal Information Protection and Electronic Documents Act*, subject to the protection provided to the parties by Court Order.

3.3 Declaration

I declare that:

- The information provided in this form is complete, true, and accurate. If the information described above is incomplete, inaccurate, false or misleading, I understand that I may not receive my Cash Benefit, or I may be required to repay the compensation paid out upon reliance on this information.
- I have read and agree to the provisions set out in Parts 3.1 and 3.2 above.
- I understand that it is solely my responsibility to notify the Claims Administrator of any changes in mailing address or other information after submitting this form.
- I make this declaration believing it to be true, and knowing that it is of the same legal force and effect as if it were made under oath.

Signature	Print Name	Date (mm/dd/yyyy)

Please note:

Filling out and submitting this form does not guarantee entitlement to settlement benefits. Please refer to the Distribution Protocol for this settlement on www.sunlifeclassaction.com for more information about eligibility requirements.