

Identification

Policy Number:

First Name of Insured Person:

Last Name of Insured Person:

- Use this form to designate or to change a beneficiary for insurance contracts for disability, critical illness, life or creditor insurance.
- **Do not use this form to designate a beneficiary for an income replacement policy or benefit, dismemberment or loss of use benefit or reimbursement of medical expenses - these benefits are paid to the Insured or the Policyowner, in accordance with the terms of the policy contract.**
- The designations made in this form will revoke all previous beneficiary designations made for the benefits covered under the above-mentioned policy.
- All benefits payable by virtue of an in force coverage for which no beneficiary has been named shall be paid in accordance with the terms and conditions of the policy contract.
- If more than one (1) beneficiary is designated for the same benefit, the amount payable will be paid in equal shares unless otherwise specified in this designation.
- **Irrevocable beneficiaries must sign this form to indicate their consent.** Minor irrevocable beneficiaries **cannot** give consent to such changes. Neither the parents nor the guardian is able to give consent on behalf of a minor irrevocable beneficiary.
- **Should you wish to name a minor child as beneficiary, a trustee must be named.**
- **If the Policyowner is a corporation,** this form must be signed by the duly authorized signing officers of the company.

Information About the Beneficiary

Designation of Beneficiary for Death Benefit (life insurance and premium refund at death)

Complete Name (last, first)	Relationship to Person Insured	Date of Birth month / day / year	% share	Irrevocability	
				<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable

Designation of Subrogated (secondary) Beneficiary for Death Benefit

Complete Name (last, first)	Relationship to Person Insured	Date of Birth month / day / year	% share
			%
			%
			%

- **A subrogated (secondary) beneficiary** receives a benefit only if the beneficiaries are disqualified from receiving a benefit or die before the insured person.



Information About the Beneficiary (...continued)

Designation of Beneficiary for Critical Illness Benefit (if applicable)

Complete name (last, first)	Relationship to Person Insured	Date of Birth month / day / year	% share	Irrevocability	
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable

Designation of Beneficiary for Premium Refund Benefit (if applicable)

Complete Name (last, first)	Relationship to Person Insured	Date of Birth month / day / year	% share	Irrevocability	
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable

Designation of Beneficiary for Creditor Insurance in Case of Disability

Complete Name (last, first)	Relationship to Person Insured	Date of Birth month / day / year	% share	Irrevocability	
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable

Designation of Trustee for minor beneficiaries

Any amount payable to the minor beneficiary during his minority will be paid to the following trustee named hereunder to hold in trust for this beneficiary:

Name of minor beneficiary	Name of trustee	Relationship to beneficiary

Authorizations and Signatures

By signing below I, the Policyowner, confirms that:

- I hereby revoke all previous beneficiary designations for the selected benefits on the policy mentioned above and direct that all benefits be paid to the beneficiary or beneficiaries designated on this form.
- I, understand that the effect of my designating a beneficiary irrevocably is that, under the provisions of the Insurance Act, while the beneficiary is living, I may not alter or revoke designation without the consent of the beneficiary and I may not assign, exercise rights under or in respect or, surrender or otherwise deal with the contract without the consent of the beneficiary.
- Any appointment or a minors as an irrevocable beneficiary prevents me from dealing with the contract until the beneficiary reaches the age of 18, and only then with the consent of the beneficiary.

Note: For multiple owners, all owners must sign this form. If the owner is a company, include the signing officers' names and titles.

Sign and date here:

Signed at _____ Date / /
month / day / year

Signature of Policyowner # 1 _____ Signature of Policyowner # 2 _____

For Changes to Irrevocable Beneficiary Designations

Complete name of Irrevocable Beneficiary:

Complete name of Irrevocable Beneficiary:

I hereby consent to any changes in the beneficiary designations and, if applicable, to being revoked as the beneficiary for the policy mentioned above.

Date / / Signature of Current Irrevocable Beneficiary _____
month / day / year

Date / / Signature of Current Irrevocable Beneficiary _____
month / day / year

Identification of Financial Advisor

Statement must be completed by the Financial Advisor:

By signing below, I confirm that:

- I have explained to the policy owner the effect, of making an irrevocable designation of beneficiary. The beneficiary was not present when this explanation was given. The policy owners indicated they understood the effect of the irrevocalbe designation made by them.

Sign and date here:

Signature of the advisor/Representative: _____ Date: / /
month / day / year

Code: Signed at: _____