

Information

Policy Number:

First Name of the Policyowner:

Last Name of the Policyowner:

Date of birth of the Policyowner: / /
year / month / day

First Name of the Insured Person:

Last Name of the Insured Person:

Date of birth of the Insured Person: / /
year / month / day

Information about the beneficiary

First Name:

Last Name:

Address:

City:

Province: Postal code:



Information about the beneficiary (...continued)

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

Complete Name (last, first)	Relationship to Policyowner	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 Subrogated (secondary) Beneficiary for Death Benefit

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

Designation of Subrogated (secondary) Beneficiary for Death Benefit

Complete Name (last, first)	Relationship to Policyowner	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.

Designation of Beneficiary for Critical Illness Benefit (if applicable)

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

Information about the beneficiary (...continued)

Designation of Beneficiary for Creditor Insurance in Case of Disability

Complete Name (last, first)	Relationship to Policyowner	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 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 of, surrender or otherwise deal with the contract without the consent of the beneficiary;
- Any appointment of a minor 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:

Signature of the owner of the policy: _____ Date:

 /

 /

year / month / day

Signature of the owner of the policy: _____ Date:

 /

 /

year / month / day

Signature of the signing officers': _____

Signature of the signing officers': _____

Name: _____ Title: _____

Name: _____ Title: _____

Signed at: _____

Identification of Financial Advisor

Statement must be completed by the Financial Advisor:

By signing below, I confirm that:

- I have fully 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 irrevocable designation made by them.

Sign and date here:

Signature of the advisor/Representative: _____

Date: / /
year / month / day

Code: Signed at: _____

Humania Assurance Inc., 1555 Girouard Street West, P.O. Box 10000, Saint-Hyacinthe, Quebec J2S 7C8