

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.
- **In Quebec, if the beneficiary is not qualified, the beneficiary is irrevocable in the case of a spouse related by marriage or civil union and revocable in all other cases.** The designation of an irrevocable beneficiary may place restrictions on your rights as a Policyowner under the contract. An irrevocable beneficiary must consent in writing to changes in beneficiary designations, title transfers, policy cessions, fund withdrawals, reductions in coverage and other changes.
- **In Quebec, any amount to be paid to a minor child as beneficiary will automatically be paid in his name to the parent(s) or to its legal tutor.**
- **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. (Not applicable in Quebec)**
- **If the Policyowner is a corporation,** this form must be signed by the duly authorized signing officers of the company.

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



Identification (...continued)

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
			%	<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
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable

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
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable

Designation of Trustee for minor beneficiaries - Not applicable in Quebec

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

Identification (...continued)

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.

Signed at _____ Date / /
month / day / year

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

For Changes to Irrevocable Beneficiary Designations

First Name of Irrevocable Beneficiary:

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

Signature of Current Irrevocable Beneficiary _____