

1- Plan member information

Name of employer / policyholder	Group number	Subgroup	Certificate number
Last name of plan member		First name	

2- Designation or change of beneficiary

I hereby revoke any beneficiary designation or direction of payment that was previously made with respect to the proceeds payable on the death of the insured plan member under the above group policy and direct that those proceeds be paid to the beneficiary(ies) listed below.

Last and first name of beneficiary	Relationship to plan member	Date of birth if minor <small>dd/mm/yy</small>	%	Please check	
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
			%	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable

For the province of Quebec

If revocability is not specified, the beneficiary is irrevocable if a legally married spouse and revocable in all other cases.

For all other provinces

This designation of beneficiary is revocable unless otherwise stipulated.

Revocable :

Means that the designation of beneficiary can be changed without the beneficiary's consent.

Irrevocable :

Means that the signature of the irrevocable beneficiary is mandatory to change the beneficiary. The irrevocable designation of a minor **cannot be changed** until he or she reaches the age of majority.

Designation of Trustee for minor beneficiaries - Not applicable in Quebec

Any amount payable to the minor beneficiary will be paid to the following trustee to hold in trust for this beneficiary:

Name of minor beneficiary	Name of trustee	Relationship to beneficiary

3- Revocation of irrevocable beneficiary (complete this section only if the current beneficiaries are irrevocable)

- The revoked beneficiary's consent is required if the designation was irrevocable.
- The new beneficiary cannot sign as a witness.
- The beneficiary who is a minor cannot give valid consent to a change in beneficiary.
- If the revoked beneficiary is deceased, please attach a death certificate.

I hereby revoke the designation of: _____
(Last and first names of revoked beneficiary)

as current beneficiary and replace them with the new beneficiary named in section 3 below, in accordance with the provisions of the contract.

I consent to the revocation of my designation as beneficiary.

Signature of revoked beneficiary	Signature of witness	Date

4- Signatures

Signed at _____, on this _____ of _____ 20____
(City, Province) (Day) (Month)

Signature of plan member

Signature of witness

Humania Assurance expresses no opinion regarding the suitability of this form for its intended use or regarding the validity or legality of this beneficiary request.

Personal information

The personal information contained in this document will be deposited in the policyholder file. You have the right to examine the personal information contained in this file and, if required, to have it corrected by sending a written request to the policyholder.