



# DESIGNATION OR CHANGE OF BENEFICIARY IN CASE OF DEATH

**IMPORTANT: WRITE IN BLOCK LETTERS**

Contract No.: 12FS — \_\_\_\_\_  
Group No. Certificate No.

Name of participant: \_\_\_\_\_

Complete residential address: \_\_\_\_\_

\_\_\_\_\_ Postal code

Phone No. at home: \_\_\_\_\_ At work: \_\_\_\_\_

I, the undersigned, designate as my beneficiary in case of death:

Estate of the participant  or  
The following specific beneficiaries:

Last name	First name	Relationship

THE ABOVE-NAMED BENEFICIARY DESIGNATION IS: (check one box only)

**REVOCABLE** (can be changed at any time)

or

**IRREVOCABLE** (cannot be changed without the written consent of the beneficiary named in the irrevocable designation)

Note: In Quebec, in the absence of the selection of the last option, the designation of the legal spouse is **IRREVOCABLE** and the designation of any other beneficiary is **REVOCABLE**.

### Contingent beneficiaries<sup>1</sup>

Last name	First name	Relationship

Note1: A contingent beneficiary(ies) will automatically be entitled to the benefit that would have been payable to the primary beneficiary(ies) named above, if all of them should die before the insured.

I hereby appoint (full name, relationship) \_\_\_\_\_ as Trustee to receive any amount payable to a minor beneficiary under the policy and declare the receipt by such Trustee shall discharge the Insurance Company for the amount so paid. And I do hereby authorize the Trustee, within his/her discretion, to expend all or any such amount and/or the income resulting from the proceeds for the maintenance or education of such minor. (You must appoint a trustee if your beneficiary is under age 18.)

Participant's signature \_\_\_\_\_ Date 

	A		A		A		A		M		M		J		J
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