

Beneficiary change request form



Important: You must initial any corrections to the form.
Complete in ink and please print all requested information clearly.

1. Information about the insured person

First name	Middle initial	Last name	Date of birth (dd-mm-yyyy)	Certificate Number/Member ID
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2. IMPORTANT:

In Quebec, if you name your legal spouse (marriage or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. Where an irrevocable designation is made you will not be able to change this beneficiary designation without the written consent of the irrevocable beneficiary(ies). revocable beneficiary

3. a) Your new primary beneficiaries The primary beneficiary receives the benefits under a certificate that are payable when the insured person dies. If there is more than one primary beneficiary and one of the primary beneficiaries dies before the insured person, that beneficiary's benefits are divided equally among the remaining primary beneficiaries.

Name (first, middle, last, or estate or name of company or trust)	Relationship to the insured person	% shared equally unless otherwise specified*
		%
		%
		%

3. b) Your new secondary beneficiaries If all the primary beneficiaries die before the insured person, the secondary beneficiary or beneficiaries will receive the benefits payable under the certificate of insurance when the insured person dies.

		%
		%
		%

*Primary/secondary percentiles should be equal to 100%

4. If the beneficiary is under the age of 18, please name a trustee. (In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian of the minor child.) **I authorize the trustee to receive any payments on behalf of the beneficiary while under the age of 18 and to apply the proceeds solely for the support, maintenance, education and benefit of such beneficiary at the discretion of the trustee.**

First name	Last name	Name of company

5. By signing below I confirm that I am revoking all previous primary and secondary beneficiary designations made under this certificate of insurance:

- If I've named new primary beneficiaries above, these will cancel and replace all previous primary and secondary beneficiary and trustee appointments, and optional settlement directions.
- If I've named new secondary beneficiaries above, these will cancel and replace all previous secondary and trustee appointments.

Sign and date here:

Signature of the insured person X	Date (dd-mm-yyyy) - -	Signed in (city)	Signed in (province)
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Please keep a copy of this completed beneficiary change form with your certificate of insurance.