



- APPOINTMENT OR
- CHANGE OF BENEFICIARY\*

Last Name and First Name of Insured

Policy Number	Division Number	Certificate Number

**Beneficiary Designation**

Unless otherwise designated, this beneficiary appointment is "REVOCABLE".

**Province of Quebec Residents Note**

The appointment of a spouse as beneficiary is considered "IRREVOCABLE" unless the word "REVOCABLE" is actually written after the spouse's name.

Last Name and Full First Name of Primary Beneficiary	%	Relationship to Insured

Contingent/Secondary Beneficiary	%	Relationship to Insured

*(In the event of death of Beneficiary before Insured)*

Name of Trustee	Relationship to Beneficiary

*(If named beneficiaries are children below age 18)*

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Insured

\*For a change of irrevocable beneficiary the following must also be completed:

**REVOCAION OF BENEFICIARY**

**CONSENT**

Name of Existing Beneficiary

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I, the undersigned, irrevocable beneficiary previously appointed declare that I agree to be revoked as beneficiary under the certificate, and declare that I have reached the age of majority.

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Revoked Beneficiary

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Witness

**NOTE: If the designation replaces a deceased irrevocable beneficiary, you must provide proof of death.**