

Agency \_\_\_\_\_ Code \_\_\_\_\_ Agent \_\_\_\_\_ Code \_\_\_\_\_ S.U. \_\_\_\_\_

Policy no. \_\_\_\_\_ Last and first name of policyowner \_\_\_\_\_

- Notes:**
- Corrected or altered forms will not be accepted.
  - The policyowner(s) and the current and newly-designated irrevocable beneficiary(ies) must sign each completed section of this form.
  - For a designation of beneficiary on a universal life policy, sections 1 & 2 should be completed, if applicable.
  - The expressions "assignees," "legal heirs" and "estate" mean the insured's heirs and not the policyowner's heirs.
  - The contingent beneficiary only acquires legal rights upon the death of the beneficiary to whom he/she is contingent.
  - **In Quebec, merely designating a trust as a beneficiary using this form does not create a trust. Individuals wishing to designate a trust as a beneficiary are invited to consult a legal advisor.**

**1 • Designation of Beneficiary and Contingent Beneficiary**

I hereby revoke any previous beneficiary designation for the insured(s) specified hereinafter and designate the following beneficiary(ies):

➔ **For the insured:** \_\_\_\_\_  
**the beneficiaries will be:**

<i>Beneficiary's last and first name</i>	<i>Sex</i>	<i>Date of birth Y - M - D</i>	<i>%</i>	<i>Relationship</i>	<i>Contingent beneficiary's last and first name</i>
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	_____

**and their contingent beneficiaries will be:**

➔ **For the insured:** \_\_\_\_\_  
**the beneficiaries will be:**

<i>Beneficiary's last and first name</i>	<i>Sex</i>	<i>Date of birth Y - M - D</i>	<i>%</i>	<i>Relationship</i>	<i>Contingent beneficiary's last and first name</i>
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	_____

**and their contingent beneficiaries will be:**

➔ **For the insured:** \_\_\_\_\_  
**the beneficiaries will be:**

<i>Beneficiary's last and first name</i>	<i>Sex</i>	<i>Date of birth Y - M - D</i>	<i>%</i>	<i>Relationship</i>	<i>Contingent beneficiary's last and first name</i>
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	_____

**and their contingent beneficiaries will be:**

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Agent - witness Irrevocable beneficiary Policyowner(s)  
**X** \_\_\_\_\_  
 Policyowner(s)

**2 • Designation of Beneficiaries for Funds**

➔ **The beneficiary of the accumulation fund and shuttle fund is/are:**

The beneficiaries of insured 1  
 The policyowner  
 Other(s) } **Choose ONE of the three options.**

<i>Beneficiary's last and first name</i>	<i>Sex</i>	<i>Date of birth Y - M - D</i>	<i>%</i>	<i>Relationship</i>
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Agent - witness Irrevocable beneficiary Policyowner(s)  
**X** \_\_\_\_\_  
 Policyowner(s)

**3 • Designation of Beneficiaries for Critical Illness**

➔ For the **Critical Illness** benefit for the insured whose name is \_\_\_\_\_, the beneficiaries are:

Beneficiary's last and first name Sex Date of birth % Relationship  
 M  F  Revocable  Irrevocable  
 M  F  Revocable  Irrevocable  
 M  F  Revocable  Irrevocable

➔ For the Return of premiums upon death for the insured whose name is \_\_\_\_\_, the beneficiaries are:

Beneficiary's last and first name Sex Date of birth % Relationship  
 M  F  Revocable  Irrevocable  
 M  F  Revocable  Irrevocable  
 M  F  Revocable  Irrevocable

For the Flexible return of premiums during the insured's lifetime, the beneficiary is:  Policyowner of the contract (applicant) or  The insured

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Agent - witness Irrevocable beneficiary Policyowner(s)  
X \_\_\_\_\_  
Policyowner(s)

**4 • Designation of a Trustee for a Beneficiary – NOT APPLICABLE IN QUEBEC**

Notes: • In Quebec, this section must not be completed since it will have no legal value. Please consult your legal advisor in this regard.  
• For all other provinces, it is recommended that a trustee be appointed for any minor beneficiary or for any beneficiary who may not be able to provide proper release.

I hereby appoint the following person as trustee to receive the benefits payable to any beneficiary who has not reached the age of majority or who does not have the legal capacity to provide release.

This designation is revocable and applies until the said beneficiary reaches the age of majority.

Last name First name  
Name of trustee Relationship to insured

For the following beneficiary: \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Agent - witness Policyowner(s) Policyowner(s)

**5 • Assignment for Collateral Security**

➔ The policyowner and current beneficiary(ies) retain their rights on all benefits above and beyond the debt.

I hereby transfer and assign this contract to the assignee designated hereinafter as collateral security for a debt.

Name of assignee  
No. Street Apartment PO Box  
City Province Postal code

Address of assignee

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Agent - witness Irrevocable beneficiary Policyowner(s)  
X \_\_\_\_\_  
Policyowner(s)

**6 • Name Correction/Change**

➔ If change in beneficiary's name, please complete Section 2.

I would like to correct the name of  the policyowner  the insured: \_\_\_\_\_  
Last name First name

to \_\_\_\_\_ due to:

An error on the application ➔ Attach birth certificate  
 Legal adoption ➔ Attach adoption papers  
 Revert to maiden name ➔ Attach proof  
 Legal change ➔ Attach proof

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Agent - witness Policyowner(s) Policyowner(s)