

Policy Number \_\_\_\_\_

Name of Employer or Policyholder \_\_\_\_\_

**Identification of Plan Member**

Mr.  Mrs.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**Beneficiary(ies) Designation**

- If more than one beneficiary is designated, specify the capital allocation percentage (%) beside each beneficiary's name.
  - Where a minor is designated as a beneficiary, it is recommended that a trustee be appointed for claims purposes.
- Note for Quebec residents only:** Unless indicated "revocable" in the original designation, the spousal beneficiary is always "Irrevocable".

Last Name	First Name	Relationship to the Plan Member	Percentage (%)	Revocable	Irrevocable
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>

**Contingent Beneficiary(ies) Designation**

If there are no surviving beneficiaries at the time of my death, I declare that the following Contingent Beneficiaries shall receive the proceeds. If there are no surviving Contingent Beneficiaries at the time of my death, the proceeds shall be paid to my estate.

Unless I specify otherwise, my Contingent Beneficiary will apply to all benefits which I have coverage. I revoke all previous contingent beneficiary appointments.

Last Name	First Name	Relationship to the Plan Member	Percentage (%)	Revocable	Irrevocable
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>

**Minor Beneficiary Trustee**

If you wish to designate minor children, a Trustee must be designated in all provinces other than Québec.

In Québec, there is no legal requirement that a Trustee be designated, but if there is one, a Trust must be established by a separate Trust agreement.

Any payments becoming due during the minority of the minor(s) to be made to \_\_\_\_\_

as trustee or, failing such trustee, to the duly appointed guardian of such minor child as trustee. Payment to said trustee shall discharge the company.

**Signature**

Signature of the Plan Member \_\_\_\_\_

| Y , Y , Y , Y | M , M | D , D |

Date

This document must be retained by the Employer or Policyholder.