

## **REQUEST TO CHANGE IRREVOCABLE BENEFICIARY**

## **IMPORTANT: WRITE IN BLOCK LETTERS**

IDENT	TIFICATION								
Contrac	ct no. :Group	no.		Certificate no.	_				
Surnam	ne and given name of pa	rticipant:							
Compl	ete residential address:								
		Home Tel.: (	) -		Work	tel. : (	)	-	Postal Code
CONS	ENT OF THE IRREVOCA	ABLE BENEFICIARY							
I		ame and given name of the irr			designa	ted as the in	evocable	beneficiary within	the context of the
said nol	surna licy, revoke the irrevocabili	ime and given name of the irr	evocable benefici nd agree to be	ary a revocable beneficia	arv				
OR OR	ney, revoke the invevocusiii	.y or my designation at	ia agree to be	a revocable belieffel	a. y.				
	vocable beneficiary,	, is deceased. Find enclosed a copy of the death certificat							e death certificate.
Date L	Y M	Signate		eneficiary					
DESIG	NATION OF THE NEW								
OR	The amount insured v	vill be payable to my	estate 🔘						
	I wish to designate th	e following beneficia	ry(ies) in the	event of my death:					
	Beneficiary Name(s):								
Relatio	onship to participant								
	<ul><li>Legal spouse</li></ul>	Common-law s	spouse	Cegal spouse ar	nd son(s)/daugh	ter(s)			
	Common-law spo	ouse and son(s)/daugl	nter(s)	Son(s)/daughter(	(s) Fath	er/mother	( B	rother(s)/sister(s)	Other
	This beneficiary desig	nation is *:							
	Revocable (benef	iciary designation ma	y be change	d at any time)					
	Irrevocable (bene	ficiary designation ca	n only be ch	anged with the writ	ten consent of t	he designat	ed benef	iciary(ies)	
	*In Quebec, when no ben	eficiary status is specified	d, designation o	of the <u>legal</u> spouse is irro	evocable and desig	nation of any	other bene	eficiary is revocable.	
Date _	Y M	Signatu	re of particip	ant					

1-800-400-0023



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