

IMPORTANT: WRITE IN BLOCK LETTERS**IDENTIFICATION**Contract no. : _____
Group no. _____ Certificate no. _____

Surname and given name of participant: _____

Complete residential address: _____

Home Tel. : () - _____ Work tel. : () - _____
Postal Code _____**CONSENT OF THE IRREVOCABLE BENEFICIARY**

I _____ designated as the irrevocable beneficiary within the context of the
surname and given name of the irrevocable beneficiary
said policy, revoke the irrevocability of my designation and agree to be a revocable beneficiary.

OR

My irrevocable beneficiary, _____, is deceased. Find enclosed a copy of the death certificate.
Surname and given name

Date _____ Signature of the beneficiary _____

DESIGNATION OF THE NEW BENEFICIARY

OR The amount insured will be payable to my estate ☐

I wish to designate the following beneficiary(ies) in the event of my death:

Beneficiary Name(s): _____

Relationship to participant

- ☐ Legal spouse ☐ Common-law spouse ☐ Legal spouse and son(s)/daughter(s)
☐ Common-law spouse and son(s)/daughter(s) ☐ Son(s)/daughter(s) ☐ Father/mother ☐ Brother(s)/sister(s) ☐ Other

This beneficiary designation is *:

- ☐ Revocable (beneficiary designation may be changed at any time)
☐ Irrevocable (beneficiary designation can only be changed with the written consent of the designated beneficiary(ies))

*In Quebec, when no beneficiary status is specified, designation of the legal spouse is irrevocable and designation of any other beneficiary is revocable.

Date _____ Signature of participant _____