

Insured's last name		Insured's first name	
<div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>M</div><div>M</div><div>D</div><div>D</div></div>			
Date of birth		Contract No.	

I request that the insurer change the above-mentioned contract as follows:

1. Warning to the policyholder

This warning applies to you if the benefit change you are requesting results in a premium reduction and if this benefit provides for the reimbursement of premiums in the event of death or the payment of a cash surrender value corresponding to a portion of the premiums paid. If this is the case, be advised that the reimbursement or the payment will be calculated based on the reduced premium resulting from the change, retroactively to the original effective date of the benefit concerned.

It is hereby acknowledged that (1) this request, along with any evidence of insurability form filed with Insurer, is the basis for the change requested above and forms an integral part of the contract; and (2) the suicide and incontestability clauses in the general provisions of the contract apply to any additional benefit attached to the contract as a result of this request, except that the period stated in each of these clauses is calculated from the effective date of the change. Item (2) does not apply in the event of the cancellation or reduction of a benefit.

The Insurer is authorized to make the requested change according to its usual practice or that which it deems appropriate, i.e. by adding an endorsement to the contract or by issuing a new contract.

<div>X</div>		<div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>M</div> <div>M</div> <div>D</div> <div>D</div>
Signature of policyholder 1	Name of policyholder 1 (please print)	Date of signature
<div>X</div>		
Signature of policyholder 2	Name of policyholder 2 (please print)	

Address (No.)	Street			Apartment
City	Province	Postal code	Telephone	

2. Consent of irrevocable beneficiary (if applicable)

I agree to this contract change request by the policyholder.

<div>X</div>		<div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>M</div> <div>M</div> <div>D</div> <div>D</div>
Signature of irrevocable beneficiary 1	Name of irrevocable beneficiary 1 (please print)	Date of signature
<div>X</div>		
Signature of irrevocable beneficiary 2	Name of irrevocable beneficiary 2 (please print)	

3. Consent of any creditor secured by the contract (if applicable)

I consent to this contract change request by the policyholder and authorize the Insurer to make any payments with respect to the contract solely to the policyholder.

X

Signature of the creditor secured by the contract or the creditor's authorized representative, if an entity*

Name of the creditor secured by the contract (please print)

Y

Y

Y

Y

M

M

D

D

Date of signature

Address (No.)

Street

Apartment

City

Province

Postal code

Telephone

* When the creditor is a company or a financial institution, a resolution of the appropriate board of directors must be provided.

4. Protection of personal information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the Personal Information Protection Statement located at [beneva.ca](#).