

Last name of insured	First name of insured
Contract numbers: <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>

**INSTRUCTIONS**

If the current contingent beneficiary is irrevocable, please obtain his or her consent in section 4. Please initial any corrections made to the form. Complete sections 1, 3 and 4 (if applicable) if the person being designated as a contingent beneficiary is a spouse through marriage or civil union. Complete sections 2, 3 and 4 (if applicable) if the person being designated as a contingent beneficiary is not a spouse through marriage or civil union.

**1 DESIGNATION OF A SPOUSE THROUGH MARRIAGE OR CIVIL UNION**

**Important information:** A contingent beneficiary designation is revocable unless otherwise indicated. However, in Quebec, if the named beneficiary is the person to whom the policyholder is married or civilly united, this designation is considered irrevocable. Check the box below if you want this designation to be REVOCABLE.

Contingent beneficiary information		Date of birth			Revocable designation
Last name	First name	Year	Month	Day	
_____	_____	_	_	_	<input type="checkbox"/>


**2 DESIGNATION OF ONE OR MORE PERSONS OTHER THAN A SPOUSE THROUGH MARRIAGE OR CIVIL UNION**

Contingent beneficiary information		Relationship to the insured (in Quebec, relationship to the policyholder)	Date of birth			Share %
Last name	First name		Year	Month	Day	Total: 100%
_____	_____	_____	_	_	_	_____ %
_____	_____	_____	_	_	_	_____ %
_____	_____	_____	_	_	_	_____ %


**3 POLICYHOLDER'S DECLARATIONS**

I hereby revoke any current contingent beneficiary or beneficiaries. I confirm the changes requested in this form.

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

 \_\_\_\_\_  
Signature of policyholder 1

\_\_\_\_\_ Name of policyholder 1 (please print)


 \_\_\_\_\_  
Signature of policyholder 2

\_\_\_\_\_ Name of policyholder 2 (please print)


**4 IRREVOCABLE CONTINGENT BENEFICIARY'S CONSENT (Complete this section only if the current contingent beneficiary is irrevocable.)**

I consent to my designation as a contingent beneficiary being revoked.

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

 \_\_\_\_\_  
Signature of irrevocable contingent beneficiary 1

\_\_\_\_\_ Name of irrevocable contingent beneficiary 1 (please print)

 \_\_\_\_\_  
Signature of irrevocable contingent beneficiary 2

\_\_\_\_\_ Name of irrevocable contingent beneficiary 2 (please print)

(Registration of this change of beneficiary in the Insurer's records does not guarantee its validity or lawfulness.)