

INSTRUCTIONS

- The present form must be duly completed, signed and sent to Beneva Inc.
- A copy of this form, along with a confirmation letter will be sent to the policyowner(s).

Policy Number	Name of current policyowner(s)
_____	1. _____
	2. _____

Beneficiary(ies) – life insurance, critical illness rider and critical illness insurance

- Indicate both the first name and the last name of the person who will receive the sums insured when they become payable under the chosen benefits. If there is no beneficiary designation, the sums insured will be payable to the policyowner(s) or their estate(s), as the case may be.
- **If more than one beneficiary is designed, the total unit allocation should equal 100%.** If the allocated percentages are not indicated, the sums insured will be divided evenly among the surviving eligible beneficiaries.
- Beneficiary designations are revocable, unless stated otherwise. In Quebec however, the designation of a legally married or civil union spouse of the policyowner is irrevocable unless stated to be revocable.
- If the beneficiary predeceases the proposed insured, the sums insured are payable to the contingent beneficiary upon the death of the proposed insured.
- In Quebec, unless otherwise indicated in a court judgment, the surviving parent is always the legal tutor of the child.
- When a minor child is irrevocably designated, we must obtain a court order or wait for the child to reach majority before proceeding with all contract modifications, including partial withdrawals, loans, redemptions and other related changes.

Last name of the proposed insured	First name of the proposed insured
_____	_____

Beneficiary(ies) for life insurance

First name	Last name	Relationship to the proposed (in Quebec, relationship to the policyholder)	Check one		Share % Total 100%
			Revocable	Irrevocable	
1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Contingent(s) beneficiary(ies)

- In case of death of the beneficiary(ies) designated above, the percentage must be equivalent.

First name	Last name	Relationship to the proposed (in Quebec, relationship to the policyholder)	Check one		Share % Total 100%
			Revocable	Irrevocable	
1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Trustee for a minor beneficiary (not applicable in Quebec)

- When a minor is designated as beneficiary, it is suggested that a trust be constituted for claims purposes (not applicable in Quebec).
- If a trust is constituted, complete the information below.

_____	_____	_____	_____
First name of minor beneficiary	Last name of minor beneficiary	Last and first name of trustee	Relationship to the proposed

Beneficiary(ies) – life insurance, critical illness rider and critical illness insurance (cont.)

_____	_____
Last name of the proposed insured	First name of the proposed insured

Beneficiary(ies) for life insurance					
First name	Last name	Relationship to the proposed (in Quebec, relationship to the policyholder)	Check one		Share %
			Revocable	Irrevocable	Total 100%
1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Contingent(s) beneficiary(ies)					
– In case of death of the beneficiary(ies) designated above, the percentage must be equivalent.					
First name	Last name	Relationship to the proposed (in Quebec, relationship to the policyholder)	Check one		Share %
			Revocable	Irrevocable	Total 100%
1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Trustee for a minor beneficiary (not applicable in Quebec)			
– When a minor is designated as beneficiary, it is suggested that a trust be constituted for claims purposes (not applicable in Quebec).			
– If a trust is constituted, complete the information below.			

_____	_____	_____	_____
First name of minor beneficiary	Last name of minor beneficiary	Last and first name of trustee	Relationship to the proposed

_____	_____
Last name of the proposed insured	First name of the proposed insured

Beneficiary for Critical Illness RIDER				
– If there is no beneficiary designation, the sums insured will be payable to the policyowner(s) for the Critical Illness Rider.				
Last name	First name	Relationship to the proposed (in Quebec, relationship to the policyholder)	Check one	
			Revocable	Irrevocable
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Beneficiary for Critical Illness INSURANCE				
– If there is no beneficiary designation, the sums insured will be payable tot the policyowner(s) or their estate(s), as the case may be.				
Last name	First name	Relationship to the proposed (in Quebec, relationship to the policyholder)	Check one	
			Revocable	Irrevocable
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Beneficiary for Return of Premium on Death benefit (critical illness)				
– If there is no beneficiary designation, the sums insured will be payable tot the policyowner(s) or their estate(s), as the case may be.				
Last name	First name	Relationship to the proposed (in Quebec, relationship to the policyholder)	Check one	
			Revocable	Irrevocable
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Beneficiary for Return or Premium Surrender benefits (critical illness)				
– If there is no beneficiary designation, the sums insured will be payable tot the policyowner(s) or their estate(s), as the case may be.				
Last name	First name	Relationship to the proposed (in Quebec, relationship to the policyholder)	Check one	
			Revocable	Irrevocable
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Beneficiary(ies) – life insurance, critical illness rider and critical illness insurance (cont.)

_____	_____
Last name of the proposed insured	First name of the proposed insured

Beneficiary for Critical Illness RIDER

– If there is no beneficiary designation, the sums insured will be payable to the policyowner(s) for the Critical Illness Rider.

Last name	First name	Relationship to the proposed (in Quebec, relationship to the policyholder)	Check one	
			Revocable	Irrevocable
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Beneficiary for Critical Illness INSURANCE

– If there is no beneficiary designation, the sums insured will be payable tot the policyowner(s) or their estate(s), as the case may be.

Last name	First name	Relationship to the proposed (in Quebec, relationship to the policyholder)	Check one	
			Revocable	Irrevocable
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Beneficiary for Return of Premium on Death benefit (critical illness)

– If there is no beneficiary designation, the sums insured will be payable tot the policyowner(s) or their estate(s), as the case may be.

Last name	First name	Relationship to the proposed (in Quebec, relationship to the policyholder)	Check one	
			Revocable	Irrevocable
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Beneficiary for Return or Premium Surrender benefits (critical illness)

– If there is no beneficiary designation, the sums insured will be payable tot the policyowner(s) or their estate(s), as the case may be.

Last name	First name	Relationship to the proposed (in Quebec, relationship to the policyholder)	Check one	
			Revocable	Irrevocable
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Current Policyowner(s) – declarations, required documents, consent and signatures

Required documents

The current policyowner is a **CORPORATION OR OTHER ENTITY**:

- enclose the provincial corporate registry when the corporate structure is simple, that is, one or two shareholders and/or administrators; otherwise;
- enclose a resolution confirming the person(s) authorized to proceed on behalf of the company when the ownership structure is complex and/or there are several intermediaries, shareholders and/or administrators.

The current policyowner is **TRUST** :

- Enclose the trust agreement or an equivalent document (the will for example) confirming the trustees, beneficiaries and settlors of the trust along with a decision from the trustees.

A decision from the trustees is not required when the trust agreement indicates the number of trustees required for a decision and these signatures have been received.

When the trust agreement does not provide details regarding the authorized persons and the signature of the majority of the trustees have been received. Take note that one of the majority trustees cannot be the beneficiary of the trustee.

The current policyowner is an **ESTATE**:

- Enclose a copy of the death certificate and the last will and testament of the deceased.

If the current policyowner is unfit to sign, a copy of the court-sanctioned power of attorney is required.

Signature of the irrevocable beneficiary(ies) (if applicable) (cont.)

Consent and signatures

By signing below:

- you revoke the current revocable beneficiary designations and legal heirs of Insured 1 and/or Insured 2, in accordance with the guidelines mentioned on the first page of the form, **and**
- you declare that the information provided in this form is accurate and complete.

Name of policyowner 1, authorized signatory, trustee or liquidator

Signature

Date

Name of policyowner 2, authorized signatory, trustee or liquidator

Signature

Date

Name of the witness

Signature of the witness

Date

Signature of the irrevocable beneficiary(ies) (if applicable)

If the irrevocable beneficiary is deceased, submit their death certificate.

If the signature of the irrevocable beneficiary cannot be obtained, the divorce judgement along with the corollary relief matters are required (applicable in Quebec).

If the irrevocable beneficiary is a child (minor) and as such, the parents cannot sign on their behalf, a court order is required.

If the beneficiary is irrevocable, his signature is required. By signing below, the irrevocable beneficiaries consent to the transfer of ownership and relinquish their rights to the policy number mentioned in this form.

I(we) hereby agree to be revoked as irrevocable beneficiary(ies) of this policy.

Name of the irrevocable beneficiary (please print)

Signature of the irrevocable beneficiary

Date

Consent of the Trustee in bankruptcy (if applicable)

If you are discharged from your bankruptcy, submit a copy of the discharge. Otherwise, the consent of the Trustee (authorized signatory) is required.

Name and title of authorized signatory (Trustee)

Telephone number

Signature of the authorized signatory

Date

IMPORTANT: This change is registered by Beneva Inc. who assumes no responsibility in relation to the validity, conformity or legality.

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.