

POLICY DESCRIPTION

Policy n° : _____

Life Insured : _____

CURRENT BENEFICIARY(IES):

NAME (S) : _____

IF IRREVOCABLE BENEFICIARY: I agree to be revoked as current beneficiary of the above-mentioned policy, and I give up all my rights and privileges under the terms of this policy.

_____/_____/_____
DATE

WITNESS SIGNATURE (OTHER THAN BENEFICIARY)

IRREVOCABLE BENEFICIARY SIGNATURE

PHONE NUMBER

NEW BENEFICIARY(IES)

1. Name: _____ % Date of Birth: ____/____/____

Complete Address: _____

Relationship with Insured: Married/ civil union Common-law partner Other _____

Revocable *Irrevocable _____

*NEW IRREVOCABLE BENEFICIARY SIGNATURE (IF NECESSARY)

2. Name: _____ % Date of Birth: ____/____/____

Complete Address: _____

Relationship with Insured: Married/ civil union Common-law partner Other _____

Revocable *Irrevocable _____

*NEW IRREVOCABLE BENEFICIARY SIGNATURE (IF NECESSARY)

3. Name: _____ % Date of Birth: ____/____/____

Complete Address: _____

Relationship with Insured: Married/ civil union Common-law partner Other _____

Revocable *Irrevocable _____

*NEW IRREVOCABLE BENEFICIARY SIGNATURE (IF NECESSARY)

***NOTE:** In Quebec, in the absence of any choice, the legal spouse designation is irrevocable, and the designation of any other beneficiary is revocable.

I hereby revoke the current beneficiary(ies) to whom I substitute the new beneficiary(ies) as described above.

_____/_____/_____
DATE

X _____
WITNESS SIGNATURE
(OTHER THAN BENEFICIARY)
PHONE NUMBER _____

X _____
OWNER SIGNATURE
(IF COMPANY, AUTHORIZED SIGNATORY)

FOR COMPANY USE ONLY

We acknowledge receipt of this beneficiary change request. However, UL Mutual is not responsible for the validity of the changes made.

This _____ day of _____ 20____ Registered by _____