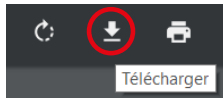


Steps to complete the form

1

Click on the download button for save the form on your computer.



2

Fill in the fields of the form and save your information before submitting it to us.

Important: Fill out in block letters and answer each section as accurately as possible.

1. Group n° _____ Division _____ Class _____ Certificate _____
 2. Employee First Name _____ Last Name _____
 3. Name of employer _____

Section A – Current beneficiary

1. First Name _____ Last Name _____
 2. Relationship _____ 3. Révocable Irrévocable

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

Section B – New beneficiary

Beneficiary n°1 Revocable Irrevocable %

1. First Name _____ Last Name _____
 2. Relationship _____

Beneficiary n°2 Revocable Irrevocable %

1. First Name _____ Last Name _____
 2. Relationship _____

Beneficiary n°3 Revocable Irrevocable %

1. First Name _____ Last Name _____
 2. Relationship _____

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 designation to whom I substitute the new beneficiary, as described above.

X _____ Y | Y | Y | Y | M | M | D | D |
 Signature of the employee

Fill this section only if the current beneficiary is irrevocable

As the current beneficiary of the above-mentioned policy, I hereby agree to be revoked and I give up all my rights and privileges under the terms of this policy.

X _____ Y | Y | Y | Y | M | M | D | D |
 Signature of the current beneficiary

Instructions

1. The revoked beneficiary cannot consent to the change if not 18 years old.
2. If the current beneficiary is irrevocable but deceased, provide a death certificate.