

## 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 – Beneficiary designation on the death of the insured**

**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.

**Section B – Designation of trustee**

**Does not apply in Québec:** the provisions of the Civil Code apply. **Do not** complete this section.  
 All other provinces: Complete this section **only** if you have named a minor beneficiary.

The designated trustee will receive in trust for a minor beneficiary any amount under the plan established by UV Insurance. Receipt of these funds by the trustee constitutes a discharge for UV Insurance. A designation is valid until a new trustee is named or until the beneficiary reaches the age of majority, whichever occurs first.

1. Trustee's first name \_\_\_\_\_ Last Name \_\_\_\_\_

**Section C – Signatures**

In the event of death, I expressly authorize the beneficiary, heir or liquidator of my estate to provide to the insurer, its reinsurers and their service providers, when requested by them, all information or authorizations necessary to the study of the claim or obtention of supporting documents. A photocopy of this authorization shall have the same value as the original.

**X** \_\_\_\_\_ | Y | Y | Y | Y | M | M | D | D |  
 Signature of employee