

## **BENEFICIARY DESIGNATION**

1 – Information				
Policyholder		Policy Number		
2 – Designation of beneficiary for:				
2 – Designation of beneficiary				
Primary Insured Spouse	Name			
3 – Beneficiary designation				
I, the undersigned policyholder, hereby revoke any previous beneficiary designation and designate as beneficiary of the sums payable upon the death of the above-named insured person(s), under the aforementioned insurance contract:				
Last Name	First Name	Relationship to Insured	Date of Birth	%
Last Name	First Name	Relationship to Insured	Date of Birth	%
Last Name	First Name	Relationship to Insured	Date of Birth	%
Please note that all sums payable will be distributed equally between the designated beneficiaries unless otherwise instructed.				
Revocable Irrevocable				
Please note that a revocable beneficiary can be modified at any moment upon reception of a written request from the policyholder. However, no modification can be made to the designation of an irrevocable beneficiary without his/her consent and a written request from the policyholder.				
Moreover, in Quebec, unless otherwise specified, a spouse will automatically be considered irrevocable.				
	( ) ) ) .	(1.)	( )	,
Signed in	(city) this _	(day) of	(month)	(year).
Signature				
Signature of the policyholder		Signature of the witness		
4 – Waiver of rights (mandatory if the beneficiary is irrevocable)				
I, the undersigned, designated as irrevocable beneficiary of the sums payable upon the death of the above-named insured under the aforementioned				
contract hereby waive any and all of my claims, rights, titles and interests as beneficiary with regards to said contract.				
Signed in	(city) this _	(day) of	(month)	(year).
Signature				
Signature of the witness		Signature of the irrevocable beneficiary		
Address		Address		

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