

ADMINISTRATIVE INFORMATION

Employer/Policyholder name	Contract No.	Group/Division No.
Employee's last name	First name	Certificate No.
Complete address: No. _____ Street _____ Apt. _____		
City _____ Province _____ Postal code _____		

CHANGE OF PRIMARY BENEFICIARY(IES)

Failing to designate a beneficiary, the death benefit will be paid to the estate

Beneficiary's last name	First name	Date of birth (Y / M / D)	Relationship with insured

For Quebec participants only

The designation of your spouse (married or civil union) as beneficiary is irrevocable unless otherwise specified. If the beneficiary is shown as irrevocable, his/her consent will be required to change it. If spouse is beneficiary, designation is **revocable** **irrevocable**

There might be issues with respect to the appointment of a **trustee** as beneficiary. You should consult a legal advisor regarding this matter.

Employee's signature:	Date:
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CHANGE OF CONTINGENT BENEFICIARY(IES) (Optional)

If you wish to appoint a contingent beneficiary in the event that there are no surviving primary beneficiaries at the time of your death, please complete this form.

Beneficiary's Last Name	First Name	Date of Birth (Y / M / D)	Relationship to Plan Member

For Quebec Participants Only

The designation of your spouse (married or civil union) as beneficiary is irrevocable unless otherwise specified. If the beneficiary is shown as irrevocable, his/her consent will be required to change it.

If spouse is beneficiary, designation is **revocable** **irrevocable**

TRUSTEE APPOINTMENT (Optional)

You may wish to appoint a trustee/administrator by completing this section

Trustee's Last Name	First Name	Date of Birth (Y / M / D)	Relationship to Plan Member

There might be issues with respect to the appointment of a trustee as a beneficiary. You should consult a legal advisor regarding this matter.

CONSENT OF IRREVOCABLE BENEFICIARY

AS IRREVOCABLE BENEFICIARY, **I HEREBY RENOUNCE TO ALL MY RIGHTS** AS BENEFICIARY.
The beneficiary cannot renounce to his rights if he is a minor. If the beneficiary is deceased, please join a death certificate.

Irrevocable beneficiary's signature:	Date:
Employee's signature:	Date:

AS IRREVOCABLE BENEFICIARY, **I HEREBY AGREE TO MODIFY THE DESIGNATION FROM IRREVOCABLE TO REVOCABLE.**
The beneficiary cannot give consent to the modification if he is a minor. If the beneficiary is deceased, please join a death certificate.

Irrevocable beneficiary's signature:	Date:
Employee's signature:	Date:

RESERVED FOR AGA

AGA:	Date:
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