

DESIGNATION OF BENEFICIARY

This form must be submitted to the person in charge of your plan

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 _____			

DESIGNATION 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 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

DESIGNATION 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.

Employee's Signature:	Date:
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RESERVED FOR AGA

AGA:	Date:
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