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GROUP NO.	EMPLOYER NO.	IDENTIFICATION NO.

**1 – PARTICIPANT’S IDENTIFICATION**

FAMILY NAME		FIRST NAME	
ADDRESS	NO.	STREET	APT.
			PHONE AT HOME ( )
CITY	POSTAL CODE		PHONE AT WORK ( )
EMPLOYMENT DATE (YEAR-MONTH-DAY)			

**2 – BENEFICIARY’S DESIGNATION**

I, undersigned, participant to the contract above-mentioned, designate as new beneficiary:

Beneficiary	Relationship with participant	Birth date of beneficiary (year-month-day)	Address if it is not the same as the participant and/or phone number
Name:..... <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable *			
Name:..... <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable *			
Name:..... <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable *			
Name:..... <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable *			

**\* ATTENTION :** In the province of Québec, the designation of the spouse as beneficiary is **IRREVOCABLE** unless state otherwise by the participant. An **IRREVOCABLE** designation can be modified only if the beneficiary is 18 years old or over and that he signs a renunciation.

**3 – REVOCATION OF IRREVOCABLE BENEFICIARY** (If your beneficiary was irrevocable, please have him fill out this part)

Consent of irrevocable beneficiary: I, undersigned, renounce to my rights in this contract.

Signed at \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signature of the irrevocable beneficiary or tutor, if minor

Signature of the witness (Different from the new designated beneficiary)

**4 – SIGNATURE OF THE PARTICIPANT**

Signed at \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signature of the participant

Signature of the witness (Different from the new designated beneficiary)

**Each employer may reprint this form for its needs.**