

Group No. 	Employer No. 	Identification No.
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1. INFORMATION ABOUT PARTICIPANT

First name		Last name		Date of birth (YYYY/MM/DD) 	
No., street, apt.			City		
Province	Postal Code 	Main phone 	Ext. 	Phone (other) 	Ext.
Email address ¹					

Note 1: By giving my email address, I consent to receiving only documents that concern my group insurance.

2. BENEFICIARY DESIGNATION

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

Revocable	Irrevocable	Full name	Percentage	Relationship to participant
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

IMPORTANT NOTICE: If percentages are indicated, they must add up to a maximum of 100%. If percentages are not specified, the Life Insurance benefit will be equally shared among the designated beneficiaries. **PROVINCE OF QUEBEC:** Designating a legally married or civilly united spouse as a beneficiary is considered irrevocable unless stipulated otherwise by the participant. Any irrevocable beneficiary designation may only be modified if the beneficiary is of legal age and signs a waiver of his or her right as a beneficiary. **PROVINCES OTHER THAN QUEBEC:** A beneficiary designation is considered revocable unless stipulated otherwise by the participant. Any irrevocable beneficiary may only be modified if the beneficiary is of legal age and provides written consent to the change.

3. DESIGNATION OF A TRUSTEE (does not apply in Quebec)

If you designate a beneficiary who has not reached the age of majority, you must name a trustee.

Full name			
No., street, apt.	City	Province	Postal Code

4. REVOCATION OF IRREVOCABLE BENEFICIARY

If you beneficiary was irrevocable and has reached the age of majority, please have him fill out this part.

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

Signed in _____, on this _____ day of _____ 20_____.

Signature of the major irrevocable beneficiary _____

5. PARTICIPANT'S SIGNATURE

I hereby state that the aforementioned information is complete, true and in conformity with the condition and dispositions of my group insurance contract. Any false declaration may result in a cancellation of the insurance.

Signed in _____, on this _____ day of _____ 20_____.

Participant's signature _____