

<input style="width: 95%; height: 20px;" type="text"/> Last name of insured	<input style="width: 95%; height: 20px;" type="text"/> First name of insured
Contract number: <input style="width: 150px; height: 20px;" type="text"/>	

**IMPORTANT INFORMATION**

**Revocable and irrevocable beneficiaries:** A beneficiary designation is revocable unless otherwise indicated. However, in Quebec if the named beneficiary is the person to whom the policyholder is married or civilly united, this designation is considered irrevocable unless the policyholder indicates that he or she wishes for the designation to be REVOCABLE.

Designating an irrevocable beneficiary can have significant consequences. To replace a beneficiary designated as irrevocable, or carry out certain changes or transactions, the beneficiary's consent must be obtained. A minor irrevocable beneficiary cannot consent to a change or transaction, and the minor irrevocable beneficiary's parents and legal guardian are also unable to sign a document in that regard on his or her behalf.

**Minor beneficiary:** Outside Quebec, if a minor is the designated beneficiary, it is recommended that a trustee also be designated. By naming a trustee, the benefit is payable to the trustee who will hold it in trust for the minor beneficiary until he or she is of legal age (not applicable in Quebec). Any amount payable to a beneficiary who has reached the age of majority is payable directly to this person. In Quebec, the minor beneficiary's legal guardian will receive the payable benefit unless an official trustee has been named.

**Estate, successors and legal heirs:** The terms "estate", "successors" or "legal heirs" refer to the policyholder's estate, successors or legal heirs, and not those of the insured.

**INSTRUCTIONS**

Complete the required sections depending on the type of coverage for which the change of beneficiary is requested.

If the current beneficiary is irrevocable, please obtain his or her consent in section 4.

Please initial any corrections made to the form.

Type of coverage for which the change of beneficiary is requested			Sections to be completed
<b>Critical Illness</b>	Extended coverage issued on or after November 25, 2009	Including the reimbursement of premiums on death option	1 and 3
		Including the reimbursement of premiums on surrender or expiry option	2 and 3
	All other critical illness insurance (excluding critical illness riders)		1 and 3
<b>Long Term Care – Plus Option</b> (reimbursement of premiums on death)			1 and 3

**1 REIMBURSEMENT OF PREMIUMS ON DEATH – DEATH BENEFIT**

Beneficiaries' information		Relationship to the insured (in Quebec, relationship to the policyholder)	Date of birth			Check one box only		Share %
Last name	First name		Year	Month	Day	Revocable	Irrevocable	Total: 100%
			_ _	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
			_ _	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
			_ _	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
			_ _	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
			_ _	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____ %


**2 REIMBURSEMENT OF PREMIUMS ON SURRENDER OR EXPIRY**


Beneficiaries' information		Relationship to the insured (in Quebec, relationship to the policyholder)	Date of birth			Check one box only		Share %
Last name	First name		Year	Month	Day	Revocable	Irrevocable	Total: 100%
_____	_____	_____	_	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
_____	_____	_____	_	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
_____	_____	_____	_	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
_____	_____	_____	_	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
_____	_____	_____	_	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____ %

**3 POLICYHOLDER'S DECLARATIONS**

I hereby revoke any current beneficiary or beneficiaries and any current contingent beneficiary or beneficiaries. I confirm the changes requested in this form.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .


 \_\_\_\_\_  
Signature of policyholder 1 Name of policyholder 1 (please print)

 \_\_\_\_\_  
Signature of policyholder 2 Name of policyholder 2 (please print)

**4 IRREVOCABLE BENEFICIARY'S CONSENT (Complete this section only if the current beneficiary is irrevocable.)**

I consent to my designation as a beneficiary being revoked.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

 \_\_\_\_\_  
Signature of irrevocable beneficiary 1 Name of irrevocable beneficiary 1 (please print)

 \_\_\_\_\_  
Signature of irrevocable beneficiary 2 Name of irrevocable beneficiary 2 (please print)

(Registration of this change of beneficiary in the Insurer's records does not guarantee its validity or lawfulness.)