

**1 CONTRACTHOLDER'S IDENTIFICATION**

\_\_\_\_\_  
Last name First name

**2 PLAN IDENTIFICATION**

Check affected plan(s):  Non-registered  TFSA  Contributory RRSP  RRSP  RRIF  LIRA/LRSP  LIF

**3 BENEFICIARY INFORMATION**

**Revocable/Irrevocable beneficiary:** A beneficiary designation is revocable unless otherwise indicated. However, in Quebec if the named beneficiary is the person to whom the contractholder is married or civilly united, this designation is considered irrevocable unless the contractholder 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.

**4 CHANGE OF BENEFICIARY**

**In the case of a LIRA/LRSP or a LIF, the spouse of a member or former member contractholder has priority over a designated beneficiary.**

**Check one only:**  Estate (This term includes, in particular, legal heirs, assignees and successors.)

**OR**

Designation – Complete chart below:

Name of beneficiary(ies)	Relationship to the contractholder	Date of birth			Check one box only		Share Total: 100%
		Year	Month	Day	Revocable	Irrevocable	
_____	_____	_ _	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____%
_____	_____	_ _	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____%
_____	_____	_ _	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____%

**5 CONTRACTHOLDER'S DECLARATION**

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

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

X \_\_\_\_\_  
Signature of contractholder Contractholder's name (please print)

**6 CONSENT OF IRREVOCABLE BENEFICIARY**

**FILL OUT THIS SECTION ONLY IF THE DESIGNATION WAS IRREVOCABLE.**

I, the undersigned, agree that my designation as beneficiary of the plan indicated in Section 2 be revoked.

X \_\_\_\_\_  
Signature of irrevocable beneficiary Name of irrevocable beneficiary (please print) Date

X \_\_\_\_\_  
Signature of irrevocable beneficiary Name of irrevocable beneficiary (please print) Date

**PLEASE INITIAL ANY CHANGES MADE.**

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