

DECLARATIONS FOR DESIGNATION OR CHANGE OF IRREVOCABLE BENEFICIARY IN NOVA SCOTIA

Contract or application No.: _____

INSTRUCTIONS

This form must be attached to any designation or change of irrevocable beneficiary on life insurance contracts signed in Nova Scotia. Unless this duly completed form is received, any designation or change of beneficiary on a life insurance contract signed in Nova Scotia is revocable.

1 DECLARATION AND SIGNATURE(S) OF THE POLICYHOLDER(S)

I understand that the effect of my designating a beneficiary irrevocably is that, under the provisions of the Insurance Act, while the beneficiary is living, I may not alter or revoke the designation without the consent of the beneficiary and I may not assign, exercise rights under or in respect of, surrender or otherwise deal with the contract without the consent of the beneficiary.

Signed at _____ on this _____ day of _____ 20 _____.

X

Policyholder 1's signature

X

Policyholder 2's signature

Policyholder 1's name

Policyholder 2's name

2 DECLARATION AND SIGNATURE OF THE ADVISOR

I certify that I have fully explained to the policyholder the nature and effect of making an irrevocable designation of beneficiary and such explanation was given to the policyholder not in the presence of the beneficiary and that the policyholder indicated that he or she was aware of the irrevocable nature of the designation.

Signed at _____ on this _____ day of _____ 20 _____.

X

Advisor's signature

Advisor's name

Advisor's code