

This form must be submitted to the person in charge of your plan

ADMINISTRATIVE INFORMATION

Employer/Policyholder name	Contract No.	Group/Division No.
Employee's last name	First name	Certificate No.
Complete address : No. _____ Street _____ Apt. _____		
City _____ Province _____ Postal code _____		

CHANGE OF BENEFICIARY

Beneficiary's last name	First name	Date of birth (Y / M / D)	Relationship with insured

For Quebec participants only

The designation of your spouse (married or civil union) as beneficiary is irrevocable unless otherwise specified. If the beneficiary is shown as irrevocable, his/her consent will be required to change it. If spouse is beneficiary, designation is: **revocable** **irrevocable**

There might be issues with respect to the appointment of a **trustee** as beneficiary. You should consult a legal advisor regarding this matter.

Employee's signature :	Date (Y/M/D):
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CONSENT OF IRREVOCABLE BENEFICIARY

AS IRREVOCABLE BENEFICIARY, I **HEREBY RENOUNCE TO ALL MY RIGHTS** AS BENEFICIARY.
The beneficiary cannot renounce to his rights if he is a minor. If the beneficiary is deceased, please join a death certificate.

Irrevocable beneficiary's signature :	Date :
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Employee's signature :	Date :
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AS IRREVOCABLE BENEFICIARY, I **HEREBY AGREE TO MODIFY THE DESIGNATION FROM IRREVOCABLE TO REVOCABLE**.
The beneficiary cannot give consent to the modification if he is a minor. If the beneficiary is deceased, please join a death certificate.

Irrevocable beneficiary's signature :	Date :
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Employee's signature :	Date :
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RESERVED FOR AGA

AGA :	Date :
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