

## DESIGNATION OF BENEFICIARY

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 _____			

### DESIGNATION / CHANGE OF BENEFICIARY

Failing to designate a beneficiary, the death benefit will be paid to the estate

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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### RESERVED FOR AGA

AGA :	Date :
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