Sirius Benefits
Sirius Benefits is a People Corporation Company

MEMBER BENEFICIARY CHANGE

Group #:		**Firm #:**		**Firm Name:**	
Certificate #:			**Member Name:**		

Beneficiary Change

Note: The effective date of the Beneficiary change is the date this form is signed.

I hereby revoke all prior beneficiary designations and now designate the person(s) named as my revocable beneficiary.
For Quebec residents only: Any designation of a "spouse" is considered irrevocable unless you check here , ☐ which then identifies that the designation of the spouse is revocable.

Indicate if *Primary or Contingent beneficiary**	Name		Date of Birth (DD/MM/YYYY)	Relationship to Member	Percentage (cannot exceed 100% in total)
	Last	First & Middle Initial			

Trustee Designation

This section is to be completed only if the beneficiary designated above is under the age of majority.

Note: An oppointment of a Trustee is not available to Quebec Residents.

I hereby appoint_____,who resides at

_____, as

Trustee to receive any amount due to any beneficiary under the age of 18.

Member Signature		**Date Signed**	

*Primary beneficiary will be paid the Life and Optional Life (if applicable) benefits upon the death of the Member. If the Primary beneficiary is deceased prior to the death of the Member, the Contingent beneficiary will be paid the benefit. If a Contingent beneficiary is not noted the benefit will be paid to the estate of the Member.