

# Change of beneficiary form



<b>Group no.:</b>		<b>Firm no.:</b>		<b>Firm name:</b>	
<b>Certificate no.:</b>			<b>Plan member name:</b>		

<b>Beneficiary change</b>  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.  <b>For Quebec residents only:</b> Any designation of a spouse is considered irrevocable unless you check here <input type="checkbox"/> , to identify the designation of the spouse as revocable.				
	Indicate if primary or contingent beneficiary*	Name		Relationship to plan member	Percentage (cannot exceed 100% in total)
		Last	First name and middle Initial		
<b>Trustee designation</b> Complete this section only if the designated beneficiary is under the age of majority. <b>Note: An appointment of a trustee is not available to Quebec residents.</b>		I hereby appoint _____, who resides at _____, as Trustee to receive any amount due to any beneficiary under the age of 18.			

<b>Plan member signature</b>		<b>Date signed</b>	
------------------------------	--	--------------------	--

\*The primary beneficiary will be paid the Life and Optional Life (if applicable) benefits upon the death of the plan member. If the primary beneficiary is deceased prior to the death of the plan member, the contingent beneficiary will be paid the benefit. If a c, contingent beneficiary is not noted the benefit will be paid to the estate of the plan member.