



- APPOINTMENT OR
- CHANGE OF BENEFICIARY*

| |
|-------------------------------------|
| Last Name and First Name of Insured |
| |

| | | |
|---------------|-----------------|--------------------|
| Policy Number | Division Number | Certificate Number |
| | | |

Beneficiary Designation

Unless otherwise designated, this beneficiary appointment is "REVOCABLE".

Province of Quebec Residents Note

The appointment of a spouse as beneficiary is considered "IRREVOCABLE" unless the word "REVOCABLE" is actually written after the spouse's name.

| Last Name and Full First Name of Primary Beneficiary | % | Relationship to Insured |
|--|---|-------------------------|
| | | |
| | | |
| | | |

| Contingent/Secondary Beneficiary | % | Relationship to Insured |
|----------------------------------|---|-------------------------|
| | | |
| | | |

(In the event of death of Beneficiary before Insured)

| Name of Trustee | Relationship to Beneficiary |
|-----------------|-----------------------------|
| | |

(If named beneficiaries are children below age 18)

Date of Signature

Signature of Insured

*For a change of irrevocable beneficiary the following must also be completed:

REVOCATION OF BENEFICIARY

CONSENT

Name of Existing Beneficiary

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I, the undersigned, irrevocable beneficiary previously appointed declare that I agree to be revoked as beneficiary under the certificate, and declare that I have reached the age of majority.

Date of Signature

Signature of Revoked Beneficiary

Date of Signature

Signature of Witness

NOTE: If the designation replaces a deceased irrevocable beneficiary, you must provide proof of death.