

DESIGNATION OR CHANGE OF BENEFICIARY IN CASE OF DEATH

IMPORTANT: WRITE IN BLOCK LETTERS

Contrac	t #:					
	Group no		Certificate no.			
		rticipant:				
Comple	te residential address:					
		Phone no. at home: () -	At work: () -	Postal code
Benefic	iary or estate					
OR	Estate of the particip	ant (
	I designate as my beneficiary (in case of death):					
	Name(s) of beneficiary(ies): Relationship to participant:					
	Legal spouse	Common-law spouse	 Legal spouse and sor 	n(s)/daughter(s)		
	Common-law spo	ouse and son(s)/daughter(s)	on(s)/daughter(s)	Carther-mother	O Brother-sister	Other
	This designation bene	eficiary is* :				
	Revocable (beneficiary designation may be changed at any time					
	Irrevocable (beneficiary designation can only be changed with the written consent of the designated beneficiary(ies))					
	*For Quebec residents only: In Quebec, if designation is not indicated, the designation of the <u>legal</u> spouse is irrevocable and the designation of any other beneficiary is revocable.					
Date	Y M	Participant's si	gnature			



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