

A IDENTIFICATION (please print)

Name of policyholder	Group no.	Division no.	Certificate no.
Last name of plan member	First name		

B REVOCATION OF IRREVOCABLE BENEFICIARIES

COMPLETE THIS SECTION ONLY IF THE DESIGNATION OF BENEFICIARY WAS IRREVOCABLE.

- The revoked beneficiary's consent is required if the designation was IRREVOCABLE.
- The beneficiary who is a minor may not give valid consent to a change in beneficiary.
- The new beneficiary cannot sign as a witness.
- If the revoked beneficiary is deceased, please attach a death certificate.

I hereby revoke the designation of:

Last and first names of revoked beneficiary(ies): _____
as current beneficiary(ies) and replace them with the new beneficiary(ies) named in section C below, in accordance with the provisions of the contract.

I consent to the revocation of my designation as beneficiary.

Signature of revoked beneficiary(ies)

Signature of beneficiary(ies) witness(es)

Date

C DESIGNATION OR CHANGE OF BENEFICIARIES

REVOCABLE BENEFICIARY: means that the designation of beneficiary or contingent beneficiary can be changed without the beneficiary's consent.

IRREVOCABLE BENEFICIARY: means that the signature of the irrevocable beneficiary or contingent beneficiary is mandatory to change the beneficiary. The IRREVOCABLE designation of a minor cannot be changed until they reach the age of majority.

PROVINCE OF QUÉBEC: Unless otherwise stipulated, the designation of a legal spouse or spouses joined in a civil union as beneficiary is IRREVOCABLE. Unless otherwise stipulated, the designation of any other person as beneficiary or contingent beneficiary is REVOCABLE.

ALL OTHER PROVINCES: The designation of beneficiary or contingent beneficiary is REVOCABLE unless otherwise stipulated.



BENEFICIARIES

	Last name, first name	Relationship with plan member				%
1	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:		
2	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:		
3	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:		
4	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:		



CONTINGENT BENEFICIARIES: Designated persons who will receive the benefit if the primary beneficiaries are deceased at the time of payment.

	Last name, first name	Relationship with plan member				%
1		<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:		
2		<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:		

D DESIGNATION OF TRUSTEE – Does not apply in Québec: the provisions of the Civil Code apply. DO NOT complete this section.

All other provinces: Complete this section **only** if you have named a minor beneficiary.

The designated trustee will receive in trust for a minor beneficiary any amount under the plan established by Desjardins Financial Security Life Assurance Company, hereinafter Desjardins Insurance. Receipt of these funds by the trustee constitutes a discharge for Desjardins Insurance. A designation is valid until a new trustee is named or until the beneficiary reaches the age of majority, whichever occurs first.

Last name and first name of trustee: _____

E SIGNATURE

Signature of plan member _____ Date _____

Desjardins Insurance assumes no liability for the validity of any beneficiary, contingent beneficiary or trustee designations.

PLAN ADMINISTERED THROUGH THE SECURE SITE
FOR PLAN ADMINISTRATORS
Please keep the original and give a copy to the plan member.

PLAN ADMINISTERED BY THE INSURER
Please send the original to Desjardins Insurance
and give a copy to the plan member.