

Designation or Change of Beneficiary

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Important Information

1. A new beneficiary designation terminates any previous designation, but does not affect any existing contingent beneficiary designations.
2. a) If the designated beneficiary is deceased and there is no contingent beneficiary, the policyowner's estate becomes the beneficiary.
b) If the irrevocable beneficiary is deceased, attach an original death certificate.
c) The designation of "estate" applies to the policyowner's heirs and not those of the insured.

For the province of Quebec:

The designation of your spouse (married or civil union spouse) as beneficiary is automatically irrevocable, unless you stipulate otherwise. The designation of any other person as beneficiary is revocable, unless you stipulate otherwise.

For all other Canadian provinces and territories:

The beneficiary designation is automatically revocable, unless you stipulate otherwise.

Revocable:

means that the beneficiary designation can be changed without the beneficiary's written consent.

Irrevocable:

means that the beneficiary designation cannot be changed without the beneficiary's written consent. The irrevocable designation of a minor cannot be changed until they reach the age of majority.

Representative Information

Financial center no. (internal use)	Representative no. (internal use)

A - Designation or change of beneficiary

A1 - Death

▲ For a contract with a "Critical illness - shared ownership" coverage, please complete **section A4 - Critical illness - shared ownership**.

- **Instructions:** Please name the beneficiaries of all amounts payable in the event the insured dies.
E.g., life insurance benefit, premium refund, death benefit not included in a life insurance coverage
- The insured's beneficiary percentages must add up to 100%.

Insured's name		%	Date of birth (YYYY/MM/DD)	Relationship between the beneficiary and: - the policyowner, for contracts issued in Quebec - the insured, for contracts issued in provinces other than Quebec	Sex	Status
Beneficiaries for the insured						
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

Insured's name		%	Date of birth (YYYY/MM/DD)	Relationship between the beneficiary and: - the policyowner, for contracts issued in Quebec - the insured, for contracts issued in provinces other than Quebec	Sex	Status
Beneficiaries for the insured						
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

A2 - Designation or change of contingent beneficiaries

- If a beneficiary named in **section A1 - Death** dies before the insured, the contingent beneficiary named below will replace that beneficiary.

Insured's name		%	Date of birth (YYYY/MM/DD)	Relationship between the beneficiary and: - the policyowner, for contracts issued in Quebec - the insured, for contracts issued in provinces other than Quebec	Sex	Status
Beneficiaries for the insured						
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

Insured's name		%	Date of birth (YYYY/MM/DD)	Relationship between the beneficiary and: - the policyowner, for contracts issued in Quebec - the insured, for contracts issued in provinces other than Quebec	Sex	Status
Beneficiaries for the insured						
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

A - Designation or change of beneficiary (cont.)

A3 - Critical illness

- **Instructions:** Please name the beneficiaries of all amounts payable in the event the insured has a critical illness covered under a coverage of the contract.
E.g., amount of insurance or advance payable under a critical illness coverage
- The insured's beneficiary percentages must add up to 100%.

Insured's name		%	Date of birth (YYYY/MM/DD)	Relationship between the beneficiary and: - the policyowner, for contracts issued in Quebec - the insured, for contracts issued in provinces other than Quebec	Sex	Status
Beneficiaries for the insured						
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> Revocable <input type="checkbox"/> M <input type="checkbox"/> Irrevocable	
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> Revocable <input type="checkbox"/> M <input type="checkbox"/> Irrevocable	
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> Revocable <input type="checkbox"/> M <input type="checkbox"/> Irrevocable	

Insured's name		%	Date of birth (YYYY/MM/DD)	Relationship between the beneficiary and: - the policyowner, for contracts issued in Quebec - the insured, for contracts issued in provinces other than Quebec	Sex	Status
Beneficiaries for the insured						
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> Revocable <input type="checkbox"/> M <input type="checkbox"/> Irrevocable	
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> Revocable <input type="checkbox"/> M <input type="checkbox"/> Irrevocable	
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> Revocable <input type="checkbox"/> M <input type="checkbox"/> Irrevocable	

A4 - Critical illness - shared ownership

- **Instructions:** If the beneficiary of the **critical illness benefit** and **death benefit** is a corporation, you do not need to indicate the relationship between this beneficiary and the policyowner/insured. **However**, if this beneficiary is an individual, please indicate, under the beneficiary's name, the relationship between this beneficiary and the second policyowner (individual) if the contract was issued in Quebec. If the contract was issued outside Quebec, please indicate the relationship between this beneficiary and the insured.
- The insured's beneficiary percentages must add up to 100%.

Critical illness benefit		
Beneficiaries	%	Status
Name		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Name		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

Death benefit		
Beneficiaries	%	Status
Name		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Name		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

Health benefit						
Beneficiaries		%	Date of birth (YYYY/MM/DD)	Relationship between the beneficiary and: - the policyowner, for contracts issued in Quebec - the insured, for contracts issued in provinces other than Quebec	Sex	Status
First name	Last name					
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> Revocable <input type="checkbox"/> M <input type="checkbox"/> Irrevocable	

B - Designation of a trustee for a minor beneficiary (provinces other than Quebec)

- To be completed for contracts issued outside Quebec only.
- If a minor beneficiary is named in sections **A1 - Death** and **A3 - Critical illness**, a trustee may be named for that beneficiary.

Minor beneficiaries	Trustee(s)	Trustee's date of birth (YYYY/MM/DD)	Sex	Relationship between the trustee and the beneficiary
First name	First name		<input type="checkbox"/> F <input type="checkbox"/> M	
Last name	Last name			
First name	First name		<input type="checkbox"/> F <input type="checkbox"/> M	
Last name	Last name			
First name	First name		<input type="checkbox"/> F <input type="checkbox"/> M	
Last name	Last name			

C - Statements and signatures

Declaration of policyowner(s)

I, the undersigned, hereby revoke the current revocable beneficiary(ies) of the contract.

X

Signature of policyowner 1 - individual

Name of policyowner 1 - individual (BLOCK LETTERS)

X

Signature of policyowner 2 - individual

Name of policyowner 2 - individual (BLOCK LETTERS)

X

Signature of the person authorized to sign on behalf of the policyowner - corporation/trust

Name and title (BLOCK LETTERS) of the person authorized to sign on behalf of the policyowner - corporation/trust

Date (YYYY/MM/DD)

Declaration of irrevocable beneficiary(ies) to be revoked

I, the undersigned, hereby consent to the revocation of my designation as irrevocable beneficiary of the contract.

X

Signature of irrevocable beneficiary

Name of irrevocable beneficiary (BLOCK LETTERS)

X

Signature of irrevocable beneficiary

Name of irrevocable beneficiary (BLOCK LETTERS)

Date (YYYY/MM/DD)

D - Registration by Desjardins Financial Security Life Assurance Company

Desjardins Financial Security Life Assurance Company has registered this change, but assumes no responsibility for its validity or legitimacy.

Registered by: _____

Date (YYYY/MM/DD)