

# REQUEST FOR DESIGNATION OR CHANGE OF BENEFICIARY(IES)

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## A - IDENTIFICATION - Please print

Name of employer or policyholder	Contract or group number	Account or division number	Identification or certificate number
Member's last name	First name		

## B - REVOCATION OF BENEFICIARY(IES) - Complete this section only if the designation of beneficiary was IRREVOCABLE.

- ▶ The revoked beneficiary's consent is required if the designation was IRREVOCABLE.
- ▶ The new beneficiary cannot sign as a witness.
- ▶ The beneficiary who is a minor may not give valid consent to a change in beneficiary.
- ▶ 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's (ies') witness(es)

\_\_\_\_\_ Date

## C - DESIGNATION OR CHANGE OF BENEFICIARY(IES)

**For the 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 is REVOCABLE.

**For all other provinces** This designation of beneficiary is REVOCABLE unless otherwise stipulated.

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

**IRREVOCABLE:** means that the designation of beneficiary CANNOT be changed without his or her written consent.

**The IRREVOCABLE designation of a minor cannot be changed until he or she reaches the majority.**

Last and first names of beneficiary(ies)	Relationship to member	Date of birth (if minor)	%	Please check:
_____	_____	Y   M   D	_____	<input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE
_____	_____	Y   M   D	_____	<input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE
_____	_____	Y   M   D	_____	<input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE
_____	_____	Y   M   D	_____	<input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE

## D - SIGNATURE

\_\_\_\_\_ Signature of member

\_\_\_\_\_ Date

Desjardins Financial Security Life Assurance Company is not responsible for the validity of any designation of beneficiary.

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