

## DESIGNATION OR CHANGE OF BENEFICIARY IN CASE OF DEATH

## **IMPORTANT: WRITE IN BLOCK LETTERS**

Contra	Ct #:
Surnan	ne and given name of participant:
	lete residential address:
Compi	nete residential address.
	Phone no. at home: ( ) - At work: ( ) -
Benefi	iciary or estate
OR	Estate of the participant
	I designate as my beneficiary (in case of death):
	Name(s) of beneficiary(ies):
	Relationship to participant:
	<ul><li>☐ Legal spouse</li><li>☐ Common-law spouse</li><li>☐ Legal spouse and son(s)/daughter(s)</li></ul>
	Common-law spouse and son(s)/daughter(s) oson(s)/daughter(s) Father-mother Brother-sister Other
	This designation beneficiary 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 D Participant's signature

PLEASE RETURN THIS COMPLETED AND SIGNED FORM TO YOUR GROUP INSURANCE ADMINISTRATOR