

C. P. 3000 Lévis (Québec) G6V 9X8 <u>desjardinslifeinsurance.com/planmember</u> 1-800-263-1810

## REQUEST FOR DESIGNATION OR CHANGE OF BENEFICIARIES, CONTINGENT BENEFICIARIES OR TRUSTEE

IDENTIFICATION (ple	ease print)					
Name of policyholder		Group no.	Division no.	Certificate no.		
Last name of plan member		First name				
REVOCATION OF IRE	REVOCABLE BENEFI	CIARIES				
<ul> <li>The revoked beneficia</li> <li>The beneficiary who is</li> <li>The new beneficiary of</li> <li>If the revoked beneficiary</li> </ul>	ry's consent is required if the saminor may not give valice annot sign as a witness. iary is deceased, please att	ON OF BENEFICIARY WAS IRF he designation was IRREVOCABI d consent to a change in benefic ach a death certificate.	LE.			
I hereby revoke the designa	ation of:					
Last and first names of revo as current beneficiary(ies) a I consent to the revocation	and replace them with the r	new beneficiary(ies) named in so	ection C below, in acc	cordance with the provision	ons of the contract.	
Circular of an abad based	Caiam dia a	Circulations of house	-fi-i(i)it(i	·	Date	
Signature of revoked beneficiary(ies)			Signature of beneficiary(ies) witness(es)			
DESIGNATION OR C	HANGE OF BENEFIC	CIARIES				
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. The designation of beneficiary or contingent beneficiary is REVOCABLE unless otherwise stipulated.					
ALL OTHER PROVINCES:	The designation of bene	thicary or contingent beneficiary	y is REVOCABLE unles	ss otherwise stipulated.		
BENEFICIARIES	Last name, first name			Dolotionskin with alon		%
			☐ Common-law	Relationship with plan member  ☐ Spouse ☐ Child		/6
1		Revocable	Friend	Parent Other:		
2		☐ Revocable ☐ Irrevocable	☐ Common-law ☐ Friend	☐ Spouse ☐ Child ☐ Parent ☐ Other:		
3		Revocable	Common-law	☐ Spouse ☐ Child		
		☐ Irrevocable ☐ Revocable	☐ Friend☐ Common-law	☐ Parent ☐ Other: ☐ Spouse ☐ Child		
4		☐ Irrevocable	Friend	Parent Other		
CONTINGENT BENEFIC	CIARIES: Designated person	ons who will receive the benefit	if the primary benefi	ciaries are deceased at th	e time of payment.	
Last name, first name			Relationship with plan member		%	
1			☐ Common-law ☐ Friend	☐ Spouse ☐ Child ☐ Parent ☐ Other:		
2			Common-law	Spouse Child Parent Other:		
DESIGNATION OF TR	RUSTEE – Does not app	ly in Québec: the provisions of			ection.	
All other provinces: Comple	ete this section <b>only</b> if you l	have named a minor beneficiary	y.			
e e	rance. Receipt of these fund	nor beneficiary any amount un ds by the trustee constitutes a c nichever occurs first.	,	, ,	,	
Last name and first name o	of trustee:					
SIGNATURE						
Signature of plan member				Date		

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.