

BENEFICIARY CHANGE

_ 1"		Life Insured :
olicy	'nº.:	Life insured .
JRR	ENT BENEFICIARY(IES):	
ME (S) :	
RRE	VOCABLE BENEFICIARY: I agree to be revoked as cu	urrent beneficiary of the above-mentioned policy, and I give up all my
	and privileges under the terms of this policy.	
E	_ / / WITNESS SIGNATURE (OTHER THAN	N BENEFICIARY) IRREVOCABLE BENEFICIARY SIGNATURE
		·
=\ \ /	BENEFICIARY(IES)	
1.		OV D. (Dill
	Name:	
	Complete Address:	
		☐ Common-law partner ☐ Other
	Revocable □ *Irrevocable □	X*NEW IRREVOCABLE BENEFICIARY SIGNATURE (IF NECESSARY)
		,
2.	Name:	///
	Complete Address:	
	Relationship with Insured: Married/ civil union	☐ Common-law partner ☐ Other
	Revocable □ *Irrevocable □	X *NEW IRREVOCABLE BENEFICIARY SIGNATURE (IF NECESSARY)
		NEW IRREVOCABLE BENEFICIARY SIGNATURE (IF NECESSARY)
3.	Name:	///
	Complete Address:	
	Relationship with Insured: ☐ Married/ civil union Revocable ☐ *Irrevocable ☐	☐ Common-law partner ☐ Other
		x
		*NEW IRREVOCABLE BENEFICIARY SIGNATURE (IF NECESSARY)
*NO	In Quebec, in the absence of any choice, the legal beneficiary is revocable.	spouse designation is irrevocable, and the designation of any other
l her	eby revoke the current beneficiary(ies) to whom I su	bstitute the new beneficiary(ies) as described above.
	, , , X	Y
DATE	WITNESS SIGNATURE (OTHER THAN BENEFICIARY)	OWNER SIGNATURE (IF COMPANY, AUTHORIZED SIGNATORY)
	PHONE NUMBER	

Registered by _

This _____ day of ___

_____20____