



Beneficiary Designation / Modification

(Complete in ink and in block letters, sign and forward the **original** to us keeping a copy for your files)

Reserved for Service Collectif Total	
Reçu :	_____
Entré :	_____ par _____
Num. :	_____ par _____

PARTICIPANT'S IDENTIFICATION		
Policyholder (employer)	Group No.	Division / Account No.
Family Name	First Name	Identification No. (S.I.N. or employee No.)

LEGAL PARTICULARITIES REGARDING REVOCABILITY

All beneficiary designations must take into account the following legal particularities:

- Quebec legislation states that in the absence of a clear stipulation on revocability or irrevocability of the designation with a checkmark in the appropriate space, the designation of the legal spouse (married or civil union) is irrevocable (cannot be modified unilaterally by the insured), and that of any other person is revocable (can be modified at any time by the insured).
- Designation of beneficiary can only be valid, under the terms of the law, if there has not been a previous irrevocable designation of beneficiary.
- An irrevocable beneficiary designation leads to important consequences (see below).

Revocation of irrevocable beneficiary

- A minor, if designated an irrevocable beneficiary, cannot relinquish his or her rights as beneficiary.
- If the designation replaces a deceased irrevocable beneficiary, please supply proof of death.
- If the designation replaces an irrevocable beneficiary following a divorce, please supply proof of divorce.
- In all other cases, the current irrevocable beneficiary's consent and signature are needed (see "Revocation of Irrevocable Beneficiary" below)

DESIGNATION OF BENEFICIARY (for the Participant's Life insurance)

I, undersigned, Participant in the above-mentioned group, designate as my new beneficiary:

Beneficiary (Last Name, First Name)	Relationship with Participant	Beneficiary's Date of Birth	Address and phone number, if different from Participant's
<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable *		YYYY - MM - DD	
<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable *		YYYY - MM - DD	

* See "Legal Particularities regarding Revocability" above

REVOCATION OF IRREVOCABLE BENEFICIARY

If your beneficiary was irrevocable, please have him or her complete this section:

Consent of irrevocable beneficiary: I, undersigned, relinquish my rights as beneficiary of the above-mentioned Participant, in this contract.

Signed at _____, on the _____ day of _____, 20____.

Signature of the irrevocable beneficiary or guardian, if minor

Witness' signature (different person from the newly designated beneficiary)

SIGNATURE OF PARTICIPANT

Signed at _____, on the _____ day of _____, 20____.

Participant's signature

Witness' signature (different person from the newly designated beneficiary)