



Insurance

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[desjardinslifeinsurance.com/planmember](https://desjardinslifeinsurance.com/planmember)  
1-800-263-1810

GROUP INSURANCE – CONTRACT ADMINISTRATION

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



A group benefits plan insured by Desjardins Financial Security Life Assurance Company, hereinafter Desjardins Insurance, and administered by:  
If you have any questions, please contact Lawyers Financial at **1-800-267-2242**

### A IDENTIFICATION (please print)

Name of policyholder	Group no. <b>00055010</b>	Division no.	Certificate no.
Last name of plan member	First name		

### B REVOCATION OF IRREVOCABLE BENEFICIARIES – Complete this section **only** if the designation of beneficiary was irrevocable.

- **The revoked beneficiary's consent is required if the designation was IRREVOCABLE.**
- The beneficiary who is a minor may not give valid consent to a change in beneficiary.
- The new beneficiary cannot sign as a witness.
- 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(ies) witness(es)	Date
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### C DESIGNATION OR CHANGE OF BENEFICIARIES

**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.

**ALL OTHER PROVINCES:** The designation of beneficiary or contingent beneficiary is REVOCABLE unless otherwise stipulated.

#### ➤ BENEFICIARIES

Last name, first name	Relationship with plan member				%
1	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:	
2	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:	
3	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:	
4	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:	

#### ➤ CONTINGENT BENEFICIARIES: Designated persons who will receive the benefit if the primary beneficiaries are deceased at the time of payment.

Last name, first name	Relationship with plan member				%
1	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:		
2	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:		

### D DESIGNATION OF TRUSTEE – Does not apply in Québec: the provisions of the Civil Code apply. **DO NOT** complete this section.

All other provinces: Complete this section **only** if you have named a minor beneficiary.

The designated trustee will receive in trust for a minor beneficiary any amount under the plan established by Desjardins Insurance. Receipt of these funds by the trustee constitutes a discharge for Desjardins Insurance. A designation is valid until a new trustee is named or until the beneficiary reaches the age of majority, whichever occurs first.

Last name and first name of trustee: \_\_\_\_\_

### E SIGNATURE

Signature of plan member \_\_\_\_\_ Date \_\_\_\_\_

**Desjardins Insurance assumes no liability for the validity of any beneficiary, contingent beneficiary or trustee designations.**

**Please send the original to Lawyers Financial, 5 Park Home Avenue, Suite 500, Toronto ON M2N 6L4  
and keep a copy for your file.**