

REQUEST FOR DESIGNATION OR CHANGE OF BENEFICIARY(IES) OR TRUSTEE

A - IDENTIFICATION – Please print

Name of employer or policyholder	Group number	Division number	Identification or certificate number
Last name of member	First name		

B - REVOCATION OF IRREVOCABLE BENEFICIARY(IES)

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

C - DESIGNATION OR CHANGE OF BENEFICIARY(IES)

For the 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 is **REVOCABLE**.

For all other provinces This designation of beneficiary is **REVOCABLE** unless otherwise stipulated.

REVOCABLE: means that the designation of beneficiary can be changed without the beneficiary's consent.

IRREVOCABLE: means that the signature of the irrevocable beneficiary is mandatory to change the beneficiary. The **IRREVOCABLE** designation of a minor cannot be changed until he or she reaches the majority.

Last and first names of beneficiary(ies)	Relationship to member	Date of birth if minor			%	Please check:
		YY	MM	DD		
						<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
						<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
						<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
						<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

D - DESIGNATION OR CHANGE OF A TRUSTEE – Does not apply to Québec

For the province of Québec: The provisions of the Civil code apply. **DO NOT** complete this section.

For all other provinces: Complete this section only if you have named a minor beneficiary.

A minor beneficiary cannot discharge a payment to a payer. Consequently, the trustee designated below will receive in trust for a minor beneficiary any amount under the plan established by Desjardins Financial Security. Receipt of these funds by the trustee constitutes a discharge for Desjardins Financial Security. A designation is valid until a new trustee is named or until the beneficiary will have reached the age of majority, whichever occurs first.

Last and first names of trustee _____ Relationship to member _____

Address of trustee _____
No., street, apt. City Province Postal code

E - SIGNATURE

Signature of member	Date
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Desjardins Financial Security is not responsible for the validity of any designation of beneficiary or trustee.

WHITE - Desjardins Financial Security YELLOW - Member
 ELECTRONIC VERSION - Please send the original to Desjardins Financial Security and keep a copy for your file