

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

A group benefits plan insured by Desjardins Financial Security Life Assurance Company, hereinafter Desjardins Insurance, and administered by:



A - IDENTIFICATION

Please print.

Name of policyholder	Group number 00055010	Division number	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
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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 they reach the age of majority.

Last and first names of beneficiary(ies)	Relationship	%	Date of birth if minor			Please check:
			YYYY	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 all other provinces: Complete this section only if you have named a minor beneficiary.

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

The designated trustee below 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 will have reached the age of majority, whichever occurs first.

Last and first names of trustee _____ Relationship _____

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

E - SIGNATURE

Signature of member: _____ Date: _____

Desjardins Insurance is not responsible for the validity of any designation of beneficiary or trustee.

Please send the original to the Canadian Bar Insurance Association, 5 Park Home Avenue, Suite 500, Toronto, Ontario M2N 6L4 and keep a copy for your file.