

REQUEST FOR DESIGNATION OR CHANGE OF BENEFICIARY(IES)

™ Trademark owned by Desjardins Financial Security Life Assurance Company

A - IDENTIFICATION - Please print

Name of employer or policyholder	Contract or group number	Account or division number	Identification or certificate number
Member's last name	First name		

B - REVOCATION OF 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 new beneficiary cannot sign as a witness.
- ▶ The beneficiary who is a minor may not give valid consent to a change in beneficiary.
- ▶ 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's (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 designation of beneficiary CANNOT be changed without his or her written consent.

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:
_____	_____	Y M D	_____	<input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE
_____	_____	Y M D	_____	<input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE
_____	_____	Y M D	_____	<input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE
_____	_____	Y M D	_____	<input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE

D - SIGNATURE

_____ Signature of member

_____ Date

Desjardins Financial Security Life Assurance Company is not responsible for the validity of any designation of beneficiary.

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