



WAIVER OF RIGHTS OF IRREVOCABLE BENEFICIARY

Please send your completed form to:

Webs Inc

90 Allstate Parkway, Suite 202,
Markham, ON
L3R 6H3

Must be completed if irrevocable beneficiary was previously designated. An irrevocable beneficiary designation is one that cannot be changed without the signed consent of the irrevocable beneficiary.

To be completed by the employee:

Please provide your contact information and, we will notify you once the change is completed.

Employee Number Employee Name Phone number or e-mail address

Name of the beneficiary to be removed – please print

To be completed by the beneficiary to be removed:

By my signature below, I, _____ agree to relinquish all my rights as irrevocable beneficiary in the above named insured's group coverage (Life and/or Accidental Death and Dismemberment Insurance).

X _____
**Signature of the irrevocable beneficiary relinquishing
rights to group policy proceeds**

Date (mm/dd/yyyy)

X _____
Employee Signature

Date (mm/dd/yyyy)