

This form must be completed if you have appointed an irrevocable beneficiary for your group insurance and you wish to change the revocability of your beneficiary designation.

The irrevocable beneficiary's written consent is required in order to change the revocability of your designation. If this is the case, please have the irrevocable beneficiary(ies) sign below. Please note that the beneficiary(ies) must be 18 years of age or over to give their consent.

The insurer assumes no liability as to the validity, legality or propriety of this revocation. You may wish to obtain legal advice before you proceed.

Section 1 – GENERAL INFORMATION

Employee Name

Employee Identification #

Employee Badge #

Section 2 – REVOCABILITY CHANGE CONSENT (to be completed by the current irrevocable beneficiary(ies))

I, _____, hereby waive any rights I have under the irrevocable beneficiary designation made by
(Name of irrevocable beneficiary(ies))

_____ as a result of his death, by the basic life and accidental death and dismemberment
(Name of employee)

Insurance, as well as optional life and/or optional accidental death and dismemberment insurance, if applicable, of the B Flex insurance program.

Signature of irrevocable beneficiary(ies)

Signature of the witness of the revoked beneficiary(ies)

Date (dd/mm/yyyy)

Note: The beneficiary cannot give his/her consent to the change of beneficiary if he/she is under age 18.

Section 3 – EMPLOYEE SIGNATURE

Employee Signature

Date (dd/mm/yyyy)

Section 4 – MAILING

After completing and signing this form, please send the original duly signed to the following address:

For **Toronto** Employees

Employee Service Center
123 Garratt Blvd.
Toronto, Ontario
M3K 1Y5

For **Montreal** Employees

Employee Service Center
P.O. Box 6087
Succursale Centre-Ville
Montreal, Quebec
H3C 3G9

Be sure to keep a copy for your records.