



REVOCATION, DESIGNATION OR ADDITION OF BENEFICIARIES

™ 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			Social insurance number

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 ADDITION OF NEW BENEFICIARY(IES)

For the province of Québec

Unless otherwise stipulated, the designation of a legal spouse 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 consent. The IRREVOCABLE designation of a minor cannot be changed until he or she reaches the majority.

Please check:

- I hereby designate the following person(s) as the new beneficiary(ies):
- I hereby add the following person(s) to the list of current designated beneficiary(ies):

Last and first names	Relationship	%	Please check:
			<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 - SIGNATURE

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

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