



WAIVER OF RIGHTS OF IRREVOCABLE BENEFICIARY

Please send your completed form to:

The Benefits Administration Services
Resolute Forest Products
Post Office Box 69
Montreal QC H3C 2R5

Must be completed if an 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).

Signature of the irrevocable beneficiary relinquishing rights to group policy proceeds

Date (mm/dd/yyyy)

Employee Signature

Date (mm/dd/yyyy)