

## **BENEFICIARY DESIGNATION**

1 - Information				
Policyholder		Policy Number		
,				
2 – Designation of beneficiary for:				
	Name			
Primary Insured Spouse				
3 - Beneficiary designation				
I, the undersigned policyholder, hereby revoke any previous beneficiary designation and designate as beneficiary of the sums payable upon the death of the above-named insured person(s), under the aforementioned insurance contract:				
Last Name	First Name	Relationship to Insured	Date of Birth	%
Last Name	First Name	Relationship to Insured	Date of Birth	%
		·		
Last Name	First Name	Relationship to Insured	Date of Birth	%
		·		
Please note that all sums payable will be distributed equally between the designated beneficiaries unless otherwise instructed.				
Revocable Irrevocable				
Please note that a revocable beneficiary can be modified at any moment upon reception of a written request from the policyholder. However, no				
modification can be made to the designation of an irrevocable beneficiary without his/her consent and a written request from the policyholder.				
Moreover, in Quebec, <u>unless otherwise specified</u> , a spouse will automatically be considered irrevocable.				
				, ,
Signed in	(city) this	(day) of	(month)	(year).
Circatura				
Signature Signature of the policyholder		Signature of the witness		
Signature of the policyholder		Signature of the withess		
4 – Waiver of rights (mandatory if the beneficiary is irrevocable)				
I, the undersigned, designated as irrevocable beneficiary of the sums payable upon the death of the above-named insured under the aforementioned contract hereby waive any and all of my claims, rights, titles and interests as beneficiary with regards to said contract.				
Signed in	(city) this	(day) of	(month)	(year).
Signature				
Signature of the witness		Signature of the irrevocable beneficiary		
			,	
Address		Address		

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