

IRREVOCABLE BENEFICIARY'S CONSENT

Your group insurance plan

If you have designated an irrevocable beneficiary, you must obtain his/her written consent to change the designation. In that case, please have the irrevocable beneficiary sign below. Please note that the beneficiary must have attained the age of majority and have the capacity to provide his/her consent.

If you designated a minor as an irrevocable beneficiary, you cannot change the designation before he/she reaches the age of majority, unless you receive court approval. The father, mother or guardian of a minor cannot provide consent on behalf of the minor.

1. Basic information

Group policy no. _____ Certificate no. _____

Plan member's name _____

2. Revoking designation: Consent of the irrevocable beneficiary

I, the undersigned, the previously designated irrevocable beneficiary, acknowledge that I have signed this form of my own free will and that I understand the implications of this signature.

Irrevocable beneficiary's name _____

Relationship _____ Date of birth _____
(YYYY-MM-DD)

Irrevocable beneficiary's signature

Date (YYYY-MM-DD)

3. Plan member confirmation/authorization

- **I CONFIRM** that the information contained in this form is true and complete and **I CONFIRM** that I wish to revoke the designation of the beneficiary identified above.
- **I AGREE** that a photocopy of this Confirmation/Authorization shall be as valid as the original.

Plan member's signature

Date (YYYY-MM-DD)

4. How to send us your duly completed form

By secure messaging

In My Client Space, sign in to your account.
Then click on the envelope.

By mail

Montreal office
Administration
PO Box 790, Station B
Montreal, Quebec H3B 3K6

Toronto office
Administration
522 University Ave., Suite 400
Toronto, Ontario M5G 1Y7