

Please print in ink and sign.

BASIC INFORMATION

Policyholder's name (Employer/organization) _____ Group policy no. _____

Plan member's name _____ Certificate no. _____

APPOINTMENT OR CHANGE OF BENEFICIARY (If you do not appoint a beneficiary, the benefit will be payable to the estate.)

This beneficiary designation revokes any previous one(s).

1. Primary beneficiaries

If you name multiple primary beneficiaries, the total allocation must be equal to or less than 100%. If less than 100%, the difference will be payable to the estate. Please do not indicate dollar amounts.

If the previously designated beneficiary was irrevocable, complete the following table as well as the "Irrevocable Beneficiary" section.

Last name	First name	Relationship	Date of birth			%
			Y	M	D	

2. Contingent beneficiaries

If you wish, you can also appoint contingent beneficiaries in the event all primary beneficiaries predecease you. If you name multiple contingent beneficiaries, the total allocation must be equal to or less than 100%. If less than 100%, the difference will be payable to the estate. Please do not indicate dollar amounts.

Last name	First name	Relationship	Date of birth			%
			Y	M	D	

IMPORTANT: For Quebec residents only – to be completed if you appointed your spouse (marriage or civil union) as a beneficiary.

In Quebec, the designation of a spouse, excluding a common-law spouse, as a beneficiary is irrevocable* unless you check the following box:

Revocable beneficiary

* To change the appointment of an irrevocable beneficiary, his/her written consent will be required.

IRREVOCABLE BENEFICIARY (IF APPLICABLE)

If you have appointed an irrevocable beneficiary, his/her written consent is required in order 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 to provide his/her consent.

Irrevocable beneficiary's signature _____ Date

Y				M				D
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TRUSTEE DESIGNATION (NOT APPLICABLE IN QUEBEC*)

You can appoint a trustee to receive any amount due to any beneficiary under the age of majority.

Trustee's last name _____ First name _____

* In Quebec, there might be issues with respect to the appointment of a trustee. You should consult a legal advisor before appointing a trustee.

PLAN MEMBER CONFIRMATION/AUTHORIZATION

I CONFIRM that the information contained in this form is true and complete.

I CONSENT TO THE RELEASE of the information in this form to my Employer/Policyholder and Industrial Alliance Insurance and Financial Services Inc., its employees, agents, reinsurers and service providers for the purpose of administration and claims processing. In addition, **I UNDERSTAND** that the information in this form may be subject to disclosure to those authorized under the applicable laws within or outside of Canada.

If my Social Insurance Number is used as my certificate number, **I AUTHORIZE** its use for the administration of my group insurance plan.

I AGREE that a photocopy of this Confirmation/Authorization shall be as valid as the original.

Plan member's signature _____ Date

Y				M				D
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TO SUBMIT THE FORM

Please submit the form to your Plan Administrator or contact our Customer Service at 1-877-422-6487 to find out where to send it based on your province of residence.