



11106

DESIGNATION OF BENEFICIARY

GROUP NO.	EMPLOYER NO.	IDENTIFICATION NO.

1 - PARTICIPANT'S IDENTIFICATION

FAMILY NAME		FIRST NAME	
ADDRESS	NO.	STREET	APT.
			PHONE AT HOME ()
CITY	POSTAL CODE		PHONE AT WORK ()
EMPLOYMENT DATE (YEAR-MONTH-DAY)			

2 - BENEFICIARY'S DESIGNATION

I, undersigned, participant to the contract above-mentioned, designate as new beneficiary:

Beneficiary	Relationship with participant	Birth date of beneficiary (year-month-day)	Address if it is not the same as the participant and/or phone number
Name:..... <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable *			
Name:..... <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable *			
Name:..... <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable *			
Name:..... <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable *			

*** ATTENTION :** In the province of Québec, the designation of the spouse as beneficiary is **IRREVOCABLE** unless state otherwise by the participant. An **IRREVOCABLE** designation can be modified only if the beneficiary is 18 years old or over and that he signs a renunciation.

3 - REVOCATION OF IRREVOCABLE BENEFICIARY (If your beneficiary was irrevocable, please have him fill out this part)

Consent of irrevocable beneficiary: I, undersigned, renounce to my rights in this contract.

Signed at _____, on the _____ day of _____ 20 _____.

Signature of the irrevocable beneficiary or tutor, if minor

Signature of the witness (Different from the new designated beneficiary)

4 - SIGNATURE OF THE PARTICIPANT

Signed at _____, on the _____ day of _____ 20 _____.

Signature of the participant

Signature of the witness (Different from the new designated beneficiary)

Each employer may reprint this form for its needs.