

**APPOINTMENT OF TRUSTEE**

**DO NOT COMPLETE THIS FORM IF A TRUSTEE HAS BEEN APPOINTED UNDER A WRITTEN TRUST AGREEMENT**

Policyowner Name \_\_\_\_\_

Policy Number \_\_\_\_\_ - \_\_\_\_\_

**Trustee** – recommended for any minor beneficiary, or any beneficiary who may not lack legal capacity.

I appoint \_\_\_\_\_

Relationship to life to be insured \_\_\_\_\_

as trustee to receive, in trust, benefits under the policy identified above (the “Policy”) issued by The Great-West Life Assurance Company (“Great-West”).

This appointment applies to benefits payable to any beneficiary designated under the Policy who, at the time benefits are payable, is a minor or lacks legal capacity to give a valid discharge according to the laws of the beneficiary’s domicile. Payment of benefits to the trustee discharges Great-West to the extent of the payment.

I authorize the trustee in his/her or its sole discretion to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the Policy. The trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by, Great-West or its affiliated financial institutions. The trust for any beneficiary will terminate, once that beneficiary is both of age of majority and has legal capacity to give a valid discharge, and I direct the trustee to deliver at that time to the beneficiary, the assets held in trust for that beneficiary. I or my personal representative (in Québec: my tutor, curator, liquidator, or mandatary in the event of incapacity) may be writing appoint a new trustee to replace a former trustee.

Date \_\_\_\_\_ Signature of Policyowner \_\_\_\_\_

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**Please send this form to:** PAdmin Group  
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