

POLICYOWNER INFORMATION

Policyowner Name (please print) _____ Policy Number / / / / / - / / / / /

I hereby revoke any previous designation of beneficiary and make the following beneficiary designation:

Beneficiary's Full Legal Name	% of Proceeds	Relationship to Policyowner	Trustee's Full Legal Name* (if applicable)

The policyowner is responsible for ensuring the beneficiary designation is complete. Where Quebec law applies, a spouse beneficiary is irrevocable unless you make the designation revocable. I hereby make the designation: Revocable Irrevocable

An irrevocable beneficiary designation cannot be changed without the written consent of the irrevocable beneficiary. A revocable beneficiary designation can be changed at any time without the consent of the revocable beneficiary.

* A trustee is recommended for any minor beneficiary or any beneficiary who may lack legal capacity. If a trustee has not been appointed under a written trust agreement, a trustee may be appointed using the Appointment of Trustee form M6063(IBP) BIL 6/01.

Date DAY MONTH YEAR Signature of Policyowner _____

CHANGE OF NAME OF CURRENT BENEFICIARY For use where the current beneficiary has had a legal change of name.

From: _____
First name, Last name

To: _____
First name, Last name Relationship to policyowner

CONSENT TO CHANGE OF IRREVOCABLE BENEFICIARY

Policyowner Name: (please print) _____ Policy Number / / / / / - / / / / /

I, the undersigned irrevocable beneficiary, hereby consent to relinquish all rights and interest under the above mentioned policy to any proceeds payable upon the accidental death of the policyowner.

Date DAY MONTH YEAR Signature of Beneficiary _____
Name of Beneficiary _____

Please send this form to:
PDAdmin Group
211 Consumers Road, Suite 200
Willowdale, ON
M2J 4G8