

# IRREVOCABLE BENEFICIARY DESIGNATION

Please print clearly and complete this form, in INK. The plan administrator should keep a copy of the completed form for their records and send the **original** to The Great-West Life Assurance Company. For self-administered plans and GroupNet clients who maintain their own plan member's records the plan administrator should attach this form to the plan member's application.

## 1. General Enrollment Information

Plan number: \_\_\_\_\_  
 Plan sponsor: \_\_\_\_\_  
 Plan member name: \_\_\_\_\_  
last name first name middle initial  
 Division number: \_\_\_\_\_ Plan member ID: \_\_\_\_\_

## 2. Irrevocable Beneficiary Designation

You may wish to designate an irrevocable beneficiary by completing this section.

**The original of this form will be required for a life claim.**

**Crossed out beneficiary designations must be initialed.**

**Please print clearly, in INK.**

**I hereby make the following beneficiary designation irrevocable,** I understand that I may not change this beneficiary designation or make certain changes to my coverage under the plan without the written consent of the irrevocable beneficiary(ies).

Beneficiary's name(s):

Percent allocated: Relationship to plan member:

last name	first name	middle initial	Percent allocated:	Relationship to plan member:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To be divided as follows:  As per the percentage indicated above, or  
 In equal shares to the survivor(s)

**For Quebec Applicants Only** - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to his/her tutor(s) or curator(s), unless a valid trust has been established for the benefit of the beneficiary, by Will or by separate contract, to receive any such payment and Great-West Life has been provided notice of the trust. If a valid trust has already been established, designate the trust as the beneficiary in this section. **Before designating a trust, you should seek legal advice.**

**For All Other Applicants** - If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing form #M6242 BIL. This appointment may not be suitable for all purposes. **Before designating a trust, you should seek legal advice.**

## 3. Privacy

This section explains Great-West Life's commitment to privacy.

### Protecting Your Personal Information

At **The Great-West Life Assurance Company**, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to [www.greatwestlife.com](http://www.greatwestlife.com).

## 4. Authorizations and Declarations

This section must be signed and dated in INK by the plan member.

I have read and understand and agree with the contents of the section entitled "Protecting Your Personal Information". I authorize:

- Great-West Life, any healthcare provider, my plan administrator, any insurance or reinsurance company, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life or the above to exchange personal information, when relevant and necessary to determine my eligibility for coverage and to administer the plan.

I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

**For Québec applicants:** I request that this form be in English.  
 Je demande que ce formulaire me soit remis en anglais.

Plan member signature: \_\_\_\_\_ Date: \_\_\_\_\_