

# CONSENT TO CHANGE OF IRREVOCABLE BENEFICIARY

Please print clearly 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 members' 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. Privacy

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

### Protecting Your Personal Information

At **The Great-West Life Assurance Company (Great-West Life)**, 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).

## 3. Consent

This section must be signed and dated in INK by the irrevocable beneficiary.

I have read and understand and agree with the contents of the section on this form entitled "Protecting Your Personal Information".

I, the undersigned irrevocable beneficiary under the above mentioned plan, hereby consent to my removal as irrevocable beneficiary and relinquish and release all rights and interest to any proceeds payable upon the death of the person insured.

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

Signature of beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_

Name of beneficiary: \_\_\_\_\_