

**REQUEST FOR DESIGNATION  
OR CHANGE OF BENEFICIARIES,  
CONTINGENT BENEFICIARIES OR TRUSTEE**

**A IDENTIFICATION** - Please print.

Name of policyholder		Group no.	Division no.	Certificate no.
Last name of member		First name		

**B REVOCATION OF IRREVOCABLE BENEFICIARIES** - The term “beneficiary” includes contingent beneficiaries.

**COMPLETE THIS SECTION ONLY IF THE DESIGNATION OF BENEFICIARY WAS IRREVOCABLE.**

- The revoked beneficiary's consent is required if the designation was IRREVOCABLE.
- The beneficiary who is a minor may not give valid consent to a change in beneficiary.
- The new beneficiary cannot sign as a witness.
- If the revoked beneficiary is deceased, please attach a death certificate.

I hereby revoke the designation of:

Last and first names of revoked beneficiary(ies): \_\_\_\_\_  
as current beneficiary(ies) and replace them with the new beneficiary(ies) named in section C below, in accordance with the provisions of the contract.

I consent to the revocation of my designation as beneficiary.

Signature of revoked beneficiary(ies)	Signature of beneficiary(ies) witness(es)	Date
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**C DESIGNATION OR CHANGE OF BENEFICIARIES**

**REVOCABLE BENEFICIARY:** means that the designation of beneficiary or contingent beneficiary can be changed without the beneficiary’s consent.

**IRREVOCABLE BENEFICIARY:** means that the signature of the irrevocable beneficiary or contingent beneficiary is mandatory to change the beneficiary. The IRREVOCABLE designation of a minor cannot be changed until they reach the age of majority.

**PROVINCE OF QUÉBEC:** Unless otherwise stipulated, the designation of a legal spouse or spouses joined in a civil union as beneficiary or contingent beneficiary is IRREVOCABLE. Unless otherwise stipulated, the designation of any other person as beneficiary or contingent beneficiary is REVOCABLE.

**ALL OTHER PROVINCES:** The designation of beneficiary or contingent beneficiary is REVOCABLE unless otherwise stipulated.

➤ **BENEFICIARIES**

	Last name, first name	Relationship with member				%
1	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:		
2	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:		
3	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:		
4	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:		

➤ **CONTINGENT BENEFICIARIES:** Designated persons who will receive the benefit if the primary beneficiaries are deceased at the time of payment.

	Last name, first name	Relationship with member				%
1	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:		
2	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Common-law <input type="checkbox"/> Friend	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Other:		

**D DESIGNATION OF TRUSTEE** - Does not apply in Québec: the provisions of the Civil Code apply. DO NOT complete this section.

All other provinces: Complete this section only if you have named a minor beneficiary.

The designated trustee will receive in trust for a minor beneficiary any amount under the plan established by Desjardins Insurance. Receipt of these funds by the trustee constitutes a discharge for Desjardins Insurance. A designation is valid until a new trustee is named or until the beneficiary reaches the age of majority, whichever occurs first.

Last name and first name of trustee:

**E SIGNATURE**

Signature of member: \_\_\_\_\_ Date: \_\_\_\_\_

**Desjardins Insurance is not responsible for the validity of any designations beneficiary, contingent beneficiary or trustee.**

PLAN ADMINISTERED THROUGH THE SECURE SITE  
FOR PLAN ADMINISTRATORS  
Please keep the original and give a copy to the member.

PLAN ADMINISTERED BY THE INSURER  
Please send the original to Desjardins Insurance  
and give a copy to the member.