

BENEFICIARY AND/OR CONTINGENT/SUCCESSOR OWNER OR SUBROGATED POLICYHOLDER DESIGNATION

Please print clearly

Throughout this form, "Empire Life" means The Empire Life Insurance Company and "Owner" will mean Beneficial Owner for Nominee/Intermediary held Contracts.

Note to Advisor—use this form to:

- Request a change of beneficiary on an existing Policy/Contract or as a supplement to a new application to specify additional beneficiaries if more space is required. If this form is being used as a supplement to a new application the terms Owner(s), Life Insured and Annuitant refer to the proposed Owner(s), Life Insured or Annuitant, as applicable; and/or
- Name a Contingent/Successor Owner or Subrogated Policyholder (in Quebec).

Select all that apply: Name Contingent/Successor Owner or Subrogated Policyholder (in Quebec)

Change the beneficiary(ies) on the following Policy(ies)/Contract(s) Beneficiary designation as supplement to new application

Policy/Contract Number(s)	Life/Person Insured 1 (Life & Health Policies)	Life/Person Insured 2 (Life & Health Policies)	Annuitant (Investment Plans)

Who will be the beneficiary(ies)? Please list below:

Percentages for all primary beneficiaries for each Life/Person Insured/Annuitant must total 100%.

Irrevocable/Revocable designations: Minor children should not be named irrevocable. All beneficiaries are assumed revocable unless you check the irrevocable box below. In Quebec, if a Spouse is named beneficiary, the designation is irrevocable unless you check the revocable box below.

Minors: If a beneficiary is a minor, you must name a trustee, who will receive any Death Benefit payable while the beneficiary is still a minor, except in Quebec. In Quebec, payments due to a minor beneficiary will be made to the Tutor(s) of the minor unless the Owner has created a valid trust.

Multiple beneficiaries: If you name more than one beneficiary and do not indicate a percentage share, the benefits will be divided equally among all surviving beneficiaries.

Contingent beneficiary: A contingent beneficiary will only become a primary beneficiary if all of the primary beneficiary(ies) have died before the Life/Person Insured(s) or Annuitant, as applicable. Contingent beneficiaries are revocable.

Beneficiary for Life/Person Insured 1 (Life & Health Policies) or Annuitant (Investment Plans)				Beneficiary for Life/Person Insured 2 (Life & Health Policies)			
First name		Middle name		First name		Middle name	
Last name or exact name of corporation/organization				Last name or exact name of corporation/organization			
Relationship to Life/Person Insured/Annuitant (in Quebec, relationship to Owner)				Relationship to Life/Person Insured/Annuitant (in Quebec, relationship to Owner)			
<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share %		<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share %	
Date of birth for Minor Beneficiary (dd/mmm/yy)		Trustee name		Date of birth for Minor Beneficiary (dd/mmm/yy)		Trustee name	
Beneficiary for Life/Person Insured 1 (Life & Health Policies) or Annuitant (Investment Plans)				Beneficiary for Life/Person Insured 2 (Life & Health Policies)			
First name		Middle name		First name		Middle name	
Last name or exact name of corporation/organization				Last name or exact name of corporation/organization			
Relationship to Life/Person Insured/Annuitant (in Quebec, relationship to Owner)				Relationship to Life/Person Insured/Annuitant (in Quebec, relationship to Owner)			
<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share %		<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share %	
Date of birth for Minor Beneficiary (dd/mmm/yy)		Trustee name		Date of birth for Minor Beneficiary (dd/mmm/yy)		Trustee name	

Beneficiary for Life/Person Insured 1 (Life & Health Policies) or Annuitant (Investment Plans)				Beneficiary for Life/Person Insured 2 (Life & Health Policies)			
First name		Middle name		First name		Middle name	
Last name or exact name of corporation/organization				Last name or exact name of corporation/organization			
Relationship to Life/Person Insured/Annuitant (in Quebec, relationship to Owner)				Relationship to Life/Person Insured/Annuitant (in Quebec, relationship to Owner)			
<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable	<input type="radio"/> Irrevocable	Share %	<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable	<input type="radio"/> Irrevocable	Share %
Date of birth for Minor Beneficiary (dd/mmm/yy)		Trustee name		Date of birth for Minor Beneficiary (dd/mmm/yy)		Trustee name	
Beneficiary for Life/Person Insured 1 (Life & Health Policies) or Annuitant (Investment Plans)				Beneficiary for Life/Person Insured 2 (Life & Health Policies)			
First name		Middle name		First name		Middle name	
Last name or exact name of corporation/organization				Last name or exact name of corporation/organization			
Relationship to Life/Person Insured/Annuitant (in Quebec, relationship to Owner)				Relationship to Life/Person Insured/Annuitant (in Quebec, relationship to Owner)			
<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable	<input type="radio"/> Irrevocable	Share %	<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable	<input type="radio"/> Irrevocable	Share %
Date of birth for Minor Beneficiary (dd/mmm/yy)		Trustee name		Date of birth for Minor Beneficiary (dd/mmm/yy)		Trustee name	
The Owner(s) request that the Contingent/Successor Owner or Subrogated Policyholder (in Quebec) be: The Contingent/Successor Owner or Subrogated Policyholder (in Quebec) becomes the Owner if the current Owner(s) die(s).							
First name or exact name of corporation/organization			Middle name			Last name	
Declaration and Authorization							
By signing below I hereby revoke: • any former beneficiary designation if changing beneficiary(ies) and direct that any proceeds be paid to the beneficiary(ies) named above; • any former Contingent/Successor Owner or Subrogated Policyholder (in Quebec) designation(s), if changing Contingent/Successor Owner or Subrogated Policyholder (in Quebec).							
I authorize: • Empire Life to carry out the above-mentioned transaction(s) in keeping with the rights, terms and conditions of the Policy/Contract.							
I understand that: • Empire Life may use third party service providers located outside of Canada to process and store my personal information. To access a copy of the most recent Empire Life Privacy Policy, please visit the Empire Life Web site at www.empire.ca .							
A photocopy or image of the signed Declaration and Authorization will be as valid as the original.							
Signature of Owner (or first authorized signature for Corporate Owner) X				Print name of Owner and title (if signing for corporation)			
Signature of Joint Owner (or second authorized signature for Corporate Owner) X				Print name of Joint Owner and title (if signing for corporation)			
Signature of Irrevocable/Preferred Beneficiary(ies) (if applicable). I hereby give my consent to the above change. If this request is to change the beneficiary on an existing Policy/Contract, I hereby relinquish my rights as beneficiary. X							
Signature of Witness (other than beneficiary) X				Name of Witness (please print)			
Signed at (City and Province)				Date (dd/mmm/yy)			
RESERVED FOR HEAD OFFICE USE Recorded only in the files of The Empire Life Insurance Company. Empire Life expresses no opinion on the validity of the requested change.							
_____ Signature				_____ Date (dd/mmm/yy)			