

BENEFICIARY CHANGE REQUEST FORM

List the policy number(s) for which you would like to change the beneficiary:

Policy #	Policy #	Policy #
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Provide details about insured and owner of the policy:

	Name (First, Middle, Last)	Date of Birth (dd/mm/yyyy)	Phone #:
Owner(s):			
Insured(s):			

PRIMARY BENEFICIARY CHANGE: The primary beneficiary(ies) receives the policy benefits when the insured person dies. If the beneficiary is under the age of majority at the time of insured person's death, proceeds of the policy shall be payable to a trustee in trust for the minor beneficiary.

Name	Relationship to Insured	% shared equally unless otherwise specified	Date of Birth if minor	Name of Trustee for minor	Relationship to minor beneficiary
			(dd/mm/yyyy)		
			(dd/mm/yyyy)		
			(dd/mm/yyyy)		

Beneficiary will be revocable unless stated to be irrevocable. Where Quebec law applies, designation of the owner's spouse (married or civil union) is irrevocable, unless the owner stipulates the designation to be revocable by checking the following box:

I stipulate that any beneficiary designation of my spouse (married or civil union) is revocable.

CONTINGENT BENEFICIARY CHANGE: The contingent beneficiary(ies) receives the policy benefits if all the primary beneficiaries are deceased at the time of the insured's death.

Name	Relationship to Insured	% shared equally unless otherwise specified	Date of Birth if minor	Name of Trustee for minor
			(dd/mm/yyyy)	
			(dd/mm/yyyy)	
			(dd/mm/yyyy)	

Beneficiary will be revocable unless stated to be irrevocable. Where Quebec law applies if you name, your spouse (married or civil union) as beneficiary, it is irrevocable unless you stipulate it as revocable by checking here Revocable

I, the policy owner confirm that the above named beneficiary(ies) will cancel and replace all previous beneficiary and or trustee designations. (If policy has multiple owners, all owners must sign. If company is owner, please specify officer's name and title).

Signature of Policy Owner(s):

Signature of Agent/Witness:

Date (dd/mm/yyyy): _____ **Signed in (city and province):** _____

IF APPLICABLE, RELEASE OF INTEREST AS IRREVOCABLE BENEFICIARY:

Signed in (city and province)	On (Day/Month/Year)	Signature of Irrevocable Beneficiary(ies):	Signature of Agent/Witness:

FOR OFFICE USE ONLY: ACKNOWLEDGED AT EQUITABLE LIFE OF CANADA® HEAD OFFICE

Signature _____ Date _____

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Instructions for Beneficiary Designation/s:

1. This form asks for two types of beneficiary designation, Primary and Contingent- It is not mandatory to designate both, but it is recommended. If no beneficiary is named, the proceeds will be payable to the Estate of the Insured.
2. If a primary beneficiary dies before the benefit is payable, his or her share will be distributed equally amongst the surviving primary beneficiaries designated, if any, unless it is specified otherwise in this form. The same rule applies to the contingent beneficiaries.
3. If a beneficiary is to be designated as irrevocable, that must be specified next to the beneficiary's name. If the beneficiary designation is specified as irrevocable, the signature of the irrevocable beneficiary is required to make any future beneficiary changes. Where Quebec law applies designation of the owner's spouse (married or civil Union) is irrevocable, unless the owner stipulates the designation to be revocable. If the current beneficiary is designated irrevocable, that beneficiary must release their interest for the beneficiary change to be effective.
4. If a trustee is designated for a minor beneficiary, the proceeds will be paid out to the trustee as long as the beneficiary is a minor. Once the minor beneficiary reaches the age of majority, the proceeds may be paid directly to him or her, unless the designation is superceded by an insurance declaration in a Will, or otherwise, made after the designation was signed, and of which Equitable Life is made aware.
5. If a trust is designated as a beneficiary, ensure the name of the trust is listed completely as it was formed.
6. List names of children individually instead of "All my children" to avoid delay in receiving proceeds at time of claims.
7. The policy owner should initial any corrections to this form.