

## REQUEST FOR DESIGNATION OR CHANGE OF BENEFICIARY(IES) OR TRUSTEE

### A - IDENTIFICATION Please print.

Name of employer or policyholder	Group no.	Division no.	Identification or certificate no.
Last name of member	First name		

### B - REVOCATION OF IRREVOCABLE BENEFICIARY(IES)

**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 BENEFICIARY(IES)

For the province of Québec: Unless otherwise stipulated, the designation of a legal spouse or spouses joined in a civil union as beneficiary is IRREVOCABLE. Unless otherwise stipulated, the designation of any other person as beneficiary is REVOCABLE.

For all other provinces: This designation of beneficiary is REVOCABLE unless otherwise stipulated.

REVOCABLE: means that the designation of beneficiary can be changed without the beneficiary's consent.

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

Last and first names of beneficiary(ies)	Relationship	%	Date of birth if minor			Please check:
			YYYY	MM	DD	
						<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
						<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
						<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
						<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

### D - DESIGNATION OR CHANGE OF A TRUSTEE Does not apply to Québec.

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

For the province of Québec: The provisions of the Civil code apply. DO NOT complete this section.

The designated trustee below will receive in trust for a minor beneficiary any amount under the plan established by Desjardins Financial Security Life Assurance Company, hereinafter 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 will have reached the age of majority, whichever occurs first.

Last and first names of trustee \_\_\_\_\_ Relationship \_\_\_\_\_

Address of trustee \_\_\_\_\_  
No., street, apt. City Province Postal code

### E - SIGNATURE

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

**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.

**Desjardins Insurance is not responsible for the validity of any designation of beneficiary or trustee.**