

Last name of insured		First name of insured	
Contract No.	Contract No.	Contract No.	Contract No.

Instructions

If the current contingent beneficiary is irrevocable, please obtain his or her consent in section 4. Please initial any corrections made to the form. Complete sections 1, 3 and 4 (if applicable) if the person being designated as a contingent beneficiary is a spouse through marriage or civil union. Complete sections 2, 3 and 4 (if applicable) if the person being designated as a contingent beneficiary is not a spouse through marriage or civil union.

1. Designation of a spouse through marriage or civil union

**Important information:** A contingent beneficiary designation is revocable unless otherwise indicated. However, in Quebec, if the named beneficiary is the person to whom the policyholder is married or civilly united, this designation is considered irrevocable.  
Check the box below if you want this designation to be revocable.

Contingent beneficiary information		Date of birth	Revocable designation
Last name	First name	Y   Y   Y   Y   M   M   D   D	<input type="checkbox"/>

2. Designation of one or more persons other than a spouse through marriage or civil union

Contingent beneficiary information		Relationship to the insured (in Quebec, relationship to the policyholder)	Date of birth	Share % Total: 100%
Last name	First name		Y   Y   Y   Y   M   M   D   D	%
			Y   Y   Y   Y   M   M   D   D	%
			Y   Y   Y   Y   M   M   D   D	%

3. Policyholder's declarations

I hereby revoke any current contingent beneficiary or beneficiaries. I confirm the changes requested in this form.

X		Y   Y   Y   Y   M   M   D   D
Signature of policyholder 1	Name of policyholder 1 (please print)	Date of signature
X		
Signature of policyholder 2	Name of policyholder 2 (please print)	

4. Irrevocable contingent beneficiary's consent (Complete this section only if the current contingent beneficiary is irrevocable.)

I consent to my designation as a contingent beneficiary being revoked.

X		Y   Y   Y   Y   M   M   D   D
Signature of irrevocable contingent beneficiary 1	Name of irrevocable contingent beneficiary 1 (please print)	Date of signature
X		
Signature of irrevocable contingent beneficiary 2	Name of irrevocable contingent beneficiary 2 (please print)	

(Registration of this change of beneficiary in the Insurer's records does not guarantee its validity or lawfulness.)

5. Protection of personal information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the *Personal Information Protection Statement* located at [beneva.ca](#).