beneva

Member's instructions

Change request form

Beneva Inc., P.O. Box 10510, Station Sainte-Foy, Quebec QC G1V 0A3

- **Please fill out the "Change of Beneficiary" Form (FRA697) if you wish to change your beneficiary.**
- **Please send the completed form to the address above.**

Effective Date ☐ Starting Y Y Y Y M M D D ☐ Immediately

1. General information

Contract No. | Date of Birth (Y Y Y Y M M D D) | Group No. | Group Name (where If applicable)

2. Member's change of address

To be filled out only if the member has changed addresses.

Last Name | First Name

Address (Nº) | Street | Apt.

City | Province | Postal Code

Telephone (home) | Telephone (work) | Extension | Email

3. Payer's change of address

To be filled out only if the payer has changed addresses.

☐ Same as member

Last Name | First Name

Address (Nº.) | Street | Apt.

City | Province | Postal Code

Telephone (home) | Telephone (work) | Extension | Email

4. Investment allocation for payroll deductions

Investment funds to which your contributions are to be allocated (see list of funds – MRA1440). Specify the percentage to be allocated to the fund(s) of your choice. The percentages must add up to 100%.

Name of Fund (see list of funds – MRA1440)	Code of Fund	Contributions
		%
		%
		%
		%
		%
		%
		%

Portfolio rebalacing under the new investment allocation: ☐ Yes ☐ No

If no choice is indicated, the investment allocation will apply to your future contributions.

5. Authorization

I hereby request Beneva Inc., to make the change in the "Member information" section as per the above instructions.

X _____ Y Y Y Y M M D D

Member's Signature | Date

X _____ Y Y Y Y M M D D

Payer's Signature, if different from the member | Date

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 www.beneva.ca.

Client Services • Tel.: 1 877-841-8822 • **Investment**

The copy sent to Beneva constitutes the original document.