

BENEFICIARY DESIGNATION FORM

		Policyholder:				
			Policy Numbe	er:		
BENEFICIARY DE	SIGNATION		☐ Pri	GNATION OF BENEFICI	PARY FOR:	
	policyholder, hereby revol n the death of the above-na					
First Name	Last Name	Rela	ationship to Insured	Date of Birth	<u> </u>	
First Name	Last Name	Rela	ationship to Insured	Date of Birth	<u> </u>	
First Name	Last Name	Rela	ationship to Insured	Date of Birth	%	
Please note that a instructed.	all sums payable will be d	listributed ec	qually between the	designated beneficiarie	s unless otherwise	
Revocable	☐ Irrevocable					
policyholder. How	revocable beneficiary can ever, no modification can ten request from the policy	be made to				
Moreover, in Queb	ec, <u>unless otherwise specif</u> i	ed, a spouse '	will automatically bε	e considered irrevocable.		
Signed in	City	this	day of Day	Month	20 Year	
Signature of the police			Signature of the w	vitness		
WAIVER OF RIGH	TS (MANDATORY IF THE BE	ENEFICIARY I				
I, the undersigned,	designated as irrevocable lentioned contract hereby w	beneficiary of	f the sums payable u			
Signed in	City	this	day of		20	
	City		Day	Month	Year	
Signature of the witness			Signature of the irrevocable beneficiary			
Address			Address			

The Canassurance Hospital Service Association, a corporation devoid of pecuniary gain, assumes no responsibility for the content, accuracy, or reliability of the present designation form.