



BENEFICIARY CHANGE

GROUP INSURANCE

GROUP	DIVISION	CLASS	CERTIFICATE
NAME OF THE EMPLOYEE		FIRST NAME	
NAME OF THE EMPLOYER			

CURRENT BENEFICIARY

NAME	FIRST NAME	RELATIONSHIP WITH EMPLOYEE
REVOCABLE <input type="checkbox"/>	IRREVOCABLE <input type="checkbox"/>	N.B. IN QUEBEC, IN THE ABSENCE OF ANY CHOICE, THE LEGAL SPOUSE DESIGNATION IS IRREVOCABLE AND THE DESIGNATION OF ANY OTHER BENEFICIARY IS REVOCABLE.

NEW BENEFICIARY

NAME	FIRST NAME	RELATIONSHIP WITH EMPLOYEE
REVOCABLE <input type="checkbox"/>	IRREVOCABLE <input type="checkbox"/>	N.B. IN QUEBEC, IN THE ABSENCE OF ANY CHOICE, THE LEGAL SPOUSE DESIGNATION IS IRREVOCABLE AND THE DESIGNATION OF ANY OTHER BENEFICIARY IS REVOCABLE.

I HEREBY REVOKE THE CURRENT BENEFICIARY DESIGNATION TO WHOM I SUBSTITUTE THE NEW BENEFICIARY, AS DESCRIBED ABOVE.

DATE _____ SIGNATURE OF THE EMPLOYEE **X** _____ WITNESS SIGNATURE **X** _____

FILL THIS SECTION ONLY IF THE CURRENT BENEFICIARY IS IRREVOCABLE

AS THE CURRENT BENEFICIARY OF THE ABOVE MENTIONED POLICY, I HEREBY AGREE TO BE REVOKED AND I GIVE UP ALL MY RIGHTS AND PRIVILEGES UNDER THE TERMS OF THIS POLICY.

DATE _____ SIGNATURE OF THE CURRENT BENEFICIARY **X** _____ WITNESS SIGNATURE **X** _____

INSTRUCTIONS

1. THE NEW BENEFICIARY MUST NOT SIGN AS WITNESS
2. THE REVOKED BENEFICIARY CANNOT CONSENT TO THE CHANGE IF NOT 18 YEARS OLD
3. IF THE CURRENT BENEFICIARY IS IRREVOCABLE BUT DECEASED, PROVIDE A DEATH CERTIFICATE
4. SEND THIS FORM TO UNION LIFE MUTUAL ASSURANCE COMPANY AS SOON AS POSSIBLE
5. THE INSURER WILL RETURN A NEW EMPLOYEE CARD
6. VERIFY THE ACCURACY OF THE DOCUMENT'S CONTENT BEFORE FILING THE EMPLOYEE CARD

576-A (11-12)



BENEFICIARY CHANGE

GROUP INSURANCE

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NAME OF THE EMPLOYEE		FIRST NAME	
NAME OF THE EMPLOYER			

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I HEREBY REVOKE THE CURRENT BENEFICIARY DESIGNATION TO WHOM I SUBSTITUTE THE NEW BENEFICIARY, AS DESCRIBED ABOVE.

DATE _____ SIGNATURE OF THE EMPLOYEE **X** _____ WITNESS SIGNATURE **X** _____

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