

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

A - IDENTIFICATION – Please print

Name of employer or policyholder	Group number	Division number	Identification or certificate number
Last name of member	First name		

B - REVOCATION OF 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

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 he or she reaches the majority.

Last and first names of beneficiary(ies)	Relationship to member	Date of birth if minor			%	Please check:
		YY	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 the province of Québec: The provisions of the Civil code apply. DO NOT complete this section.
- ▶ For all other provinces: Complete this section only if you have named a minor beneficiary.

A minor beneficiary cannot discharge a payment to a payer. Consequently, the trustee designated below will receive in trust for a minor beneficiary any amount under the plan established by Desjardins Financial Security. Receipt of these funds by the trustee constitutes a discharge for Desjardins Financial Security. 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 to member _____

Address of trustee _____
No., street City Province Postal code

E - SIGNATURE

Signature of member

Date

Desjardins Financial Security is not responsible for the validity of any designation of beneficiary or trustee.

Return original to Desjardins Financial Security - Keep the yellow copy