



BENEFICIARY CHANGE REQUEST FORM

Use this form to update your designated beneficiary(ies) for your life insurance and/or your critical illness insurance.

Instructions for Beneficiary Designations

1. The policy owner can change the appointed beneficiaries at any time unless they previously designated an irrevocable beneficiary. In that case, the irrevocable beneficiary's written consent is required to update the designation.
2. If no beneficiary is appointed, the proceeds shall be paid as required by law.
3. If more than one beneficiary is appointed, proceeds will be payable in equal shares unless otherwise indicated in the Share % columns below. The Share % column must total 100%; otherwise, proceeds will be distributed equally.
4. If more than one beneficiary is appointed, proceeds will be payable in equal shares unless otherwise indicated in the Share % columns below. The Share % column must total 100%; otherwise, proceeds will be distributed equally.
 - a. If a beneficiary designation is to be irrevocable, specify that beside the beneficiary's name. The signature of the irrevocable beneficiary may be required to make any future policy changes.
 - b. If a minor is designated irrevocably, the beneficiary designation cannot be changed until the minor reaches age 18 or a court order is obtained.
 - c. **For Quebec residents**, designating your spouse (married or civil union) as beneficiary is irrevocable unless you make the designation revocable below.

Policy Owner Name (first, middle, last)	Policy Number
Joint Policy Owner Name (first, middle, last)	Phone Number
Address	Email Address of Policy Owner



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1. Life insurance designation

Where Quebec law applies, if a spouse is named as beneficiary (married or civil union), the designation is irrevocable unless stipulated as revocable by checking off this box. REVOCABLE

Primary Beneficiary: The primary beneficiary(ies) receives the policy benefits when the insured person dies.

I hereby revoke all previous life insurance beneficiary designations and designate the following primary beneficiary(ies):

Name (first, middle, last)	Relationship*	Share %	Date of birth if a minor (dd/mm/yyyy)	Name of trustee for minor (not applicable in QC)	Email address or phone number of beneficiary or trustee

Contingent Beneficiary: The contingent beneficiary(ies) receives the policy benefits if all the primary beneficiaries are deceased at the time of the insured's death.

I hereby designate the following contingent beneficiary(ies):

Name (first, middle, last)	Relationship*	Share %	Date of birth if a minor (dd/mm/yyyy)	Name of trustee for minor (not applicable in QC)	Email address or phone number of beneficiary or trustee

*Relationship to insured person or relationship to owner where Quebec law applies.



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2. Critical illness (CI) insurance designation

A. For critical illness (CI) insurance benefits payable while the insured person is alive.

I hereby revoke all previous beneficiary designations for the critical illness (CI) insurance benefit, and:

- I designate the insured person as the beneficiary for this benefit. If the insured person is a minor and no trustee is named below, payment to the minor may be made into court or to a public trustee.

OR

- I designate the policy owner(s) as beneficiary(ies) for this benefit.

OR

- I designate the following beneficiary(ies) for this benefit:

Name (first, middle, last)	Relationship*	Share %	Date of birth if a minor (dd/mm/yyyy)	Name of trustee for minor (not applicable in QC)	Email address or phone number of beneficiary or trustee

*Relationship to Insured Person or Relationship to Owner where Quebec law applies.

B. For returned premiums on death of the insured person.

I hereby revoke all previous beneficiary designations for the return of premium on death, and:

- I designate the policy owner(s) as beneficiary(ies) for this benefit.

OR

- I designate the following beneficiary(ies) for this benefit:

Name (first, middle, last)	Relationship*	Share %	Date of birth if a minor (dd/mm/yyyy)	Name of trustee for minor (not applicable in QC)	Email address or phone number of beneficiary or trustee

*Relationship to Insured Person or Relationship to Owner where Quebec law applies.



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3. Signatures

If the policy has multiple owners, all owners must sign.

If the owner of the policy is a corporation, please specify the representative's name and title.

If providing contact information for a beneficiary, I confirm that I am authorized to act on their behalf and therefore consent and authorize the collection, use and communication of their personal information for contact purposes.

Any appointment of a beneficiary or any change is effective when received by Equitable®. Equitable assumes no responsibility or liability for the validity or effect of any appointment or change.

Any payments made will be in accordance with applicable law.

_____	_____	_____	_____
Name of Policy Owner	Title of Policy Owner	Name of Joint Policy Owner	Title of Joint Policy Owner
_____	_____	_____	_____
Signature of Policy Owner	Date	Signature of Joint Policy Owner	Date
_____	_____	_____	_____
Signature of Witness	Date	Signature of Assignee	Date

		Print name of Assignee	

If applicable, release of interest by irrevocable beneficiary:

Signed in

_____	on _____	_____	_____
(City and Province)	(dd/mm/yyyy)	Signature of Irrevocable Beneficiary(ies)	Signature of Witness
		_____	_____
		Print name of Irrevocable Beneficiary(ies)	Print name of Witness

Signed in

_____	on _____	_____	_____
(City and Province)	(dd/mm/yyyy)	Signature of Irrevocable Beneficiary(ies)	Signature of Witness
		_____	_____
		Print name of Irrevocable Beneficiary(ies)	Print name of Witness

Please note: Equitable cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1-800-668-4095.