



| POLICY NUMBER | INSURED/ANNUITANT | POLICY OWNER(S) |
|---------------|-------------------|-----------------|
|               |                   |                 |
|               |                   |                 |

**C.  CHANGE OF BENEFICIARY**

- Beneficiary designations, in all provinces other than Quebec, are revocable unless otherwise stated.**
- The right to change the beneficiary is reserved to the owner subject to the signed consent of any Irrevocable/Preferred beneficiary.**
- Where Quebec law is applicable, the relationship of the primary beneficiary to the Policy Owner is required.**
- Where Quebec law is applicable, a primary beneficiary designation of the owner's spouse is IRREVOCABLE, unless the owner indicates the designation is revocable. Check here  REVOCABLE**

The undersigned Policy Owner hereby revokes any previous beneficiary designations and requests respecting payment of the policy proceeds, payable on or after the death of the Insured.

**PRIMARY BENEFICIARY(IES)** – equally unless otherwise provided (percentages)

|           |                  |       |  |
|-----------|------------------|-------|--|
| FULL NAME | RELATIONSHIP TO: |       | BIRTHDATE<br>IF BENEFICIARY IS A MINOR |
|           | INSURED          | OWNER |  |
| _____     | _____            | _____ | _____                                  |
| _____     | _____            | _____ | _____                                  |
| _____     | _____            | _____ | _____                                  |

who may survive the Insured, and if no beneficiary survives the Insured,

**CONTINGENT BENEFICIARY(IES)** – equally unless otherwise provided (percentages)

|           |                         |  |
|-----------|-------------------------|--|
| FULL NAME | RELATIONSHIP TO INSURED | BIRTHDATE<br>IF BENEFICIARY IS A MINOR |
|           |                         |  |
| _____     | _____                   | _____                                  |
| _____     | _____                   | _____                                  |
| _____     | _____                   | _____                                  |

who may survive the Insured.

**Trustee if the beneficiary is a minor. NOTE: All payments payable to a beneficiary during minority shall be paid in trust for that beneficiary to the named trustee(s).**

|           |                         |
|-----------|-------------------------|
| Full Name | Relationship to Insured |
| _____     | _____                   |

Signed at \_\_\_\_\_ on \_\_\_\_\_

City Province Month Day Year

Signature of Policy Owner(s) \_\_\_\_\_ Signature of Preferred/Irrevocable Beneficiary, if applicable \_\_\_\_\_

- D.  CHANGE OF NAME** Due to:  Marriage  Divorce  Legal Change  Other
- Insured  Owner  Beneficiary  Other

**Reason for Change:** (ATTACH COPIES OF LEGAL DOCUMENTS IF AVAILABLE)

From: \_\_\_\_\_ To: \_\_\_\_\_

Signed at \_\_\_\_\_ on \_\_\_\_\_

City Province Month Day Year

Former Signature \_\_\_\_\_ New Signature \_\_\_\_\_

New Address \_\_\_\_\_

City Province Postal/Zip Code

**COMPLETE AND FORWARD THIS PAGE ONLY FOR BENEFICIARY AND/OR NAME CHANGE.**

The Company assumes no responsibility for the validity or effect of any requested changes.

## TITLE INFORMATION CHANGE FORM

### INSURED SHALL MEAN LIFE/PERSON(S) INSURED OR ANNUITANT(S)

1. This form may be used to make identical changes under more than one policy if the Insured/Annuitant is the same for each policy. Where different changes are being made under two or more policies, or the Insured/Annuitant is different, separate forms must be completed for each policy.
2. This form must be dated and signed by the current and new policyowner, by the preferred/irrevocable beneficiary and by the assignee, if applicable.
3. The policy contract is not required for any changes.
4. SIGNATURES - when the form is completed by:
  - a) A Corporation - The full name of the corporation must be printed with either: (1) the signature of two authorized officers of the Corporation accompanied by their official titles. Or (2) the signature of one authorized officer with his/her official title under the Corporate Seal.
  - b) Sole Proprietorship - The form must be signed by the sole proprietor with the words "Sole Proprietor" following the signature.
  - c) A Firm or Partnership - The full name of the Firm or Partnership must be printed with the signature of all the partners.
  - d) If there is only one signing officer for the company, we require a letter by the Corporation to that effect or the words "Sole Signing" Officer of (Company name) must be stated after the signature.
5. The change of name form must be signed by the owner. If the name of a minor child is being changed, the form must be signed by the policyowner.
6. Any change made to the form must be initialed by the policyowner.
7. When there is a successor annuitant, the successor annuitant cannot be appointed as beneficiary.
8. Co-annuitant on payout annuity – the co-annuitant cannot be named beneficiary.

- PLEASE NOTE:**
- **THE CANADA LIFE ASSURANCE COMPANY RESERVES THE RIGHT TO HAVE THE POLICY-OWNER SUBMIT A CERTIFIED COPY OF ANY LEGAL DOCUMENT WHICH IS BEING SUBMITTED AS EVIDENCE OF THE CHANGE OF NAME. THE COMPANY ASSUMES NO RESPONSIBILITY FOR OBTAINING ANY SUCH DOCUMENTS NOR FOR ANY EXPENSES RELATED TO OBTAINING SUCH DOCUMENTS OR CERTIFIED COPIES.**
  - **THE CANADA LIFE ASSURANCE COMPANY RESERVES THE RIGHT TO REQUIRE THAT A NOTARIAL DECLARATION BE COMPLETED TO CERTIFY THE VALIDITY AND AUTHORITY OF ANY SIGNATURES.**
  - **THE CHANGE OF OWNERSHIP MAY GIVE RISE TO TAX CONSEQUENCES. PLEASE CONSULT YOUR FINANCIAL CONSULTANT.**