



# The Equitable Life Insurance Company of Canada

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## Policy Title Change Form *(Beneficiary, Name and Ownership Changes)*

Policy Number: \_\_\_\_\_

Life Insured(s) or Annuitant(s)	Policyowner(s)
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1. I/We revoke the previously designated beneficiary(ies)/contingent beneficiary(ies) and designate the following beneficiary(ies)/contingent beneficiary(ies). This new designation is revocable unless stated otherwise. If more than one beneficiary/contingent beneficiary is appointed, proceeds will be payable in equal shares, unless otherwise indicated by percentages. If there are no surviving beneficiary(ies)/contingent beneficiary(ies), the proceeds are to be paid to the policyowner or to his/her estate(s).

### (a) Beneficiary Change

Name(s)	Relationship	Date of Birth <i>if under age 18</i>	Name of Trustee <i>for minor beneficiary</i>

I/We certify that the previously designated beneficiary (name) \_\_\_\_\_ died on (date) \_\_\_\_\_

### (b) Beneficiary Change (for Equation Generation II shuttle account)

Name(s)	Relationship	Date of Birth <i>if under age 18</i>	Name of Trustee <i>for minor beneficiary</i>

I/We certify that the previously designated beneficiary (name) \_\_\_\_\_ died on (date) \_\_\_\_\_

### (c) Contingent Beneficiary Change

Name(s)	Relationship	Date of Birth <i>if under age 18</i>	Name of Trustee <i>for minor beneficiary</i>

I/We certify that the previously designated contingent beneficiary (name) \_\_\_\_\_ died on (date) \_\_\_\_\_

### (d) Contingent Beneficiary Change (for Equation Generation II shuttle account)

Name(s)	Relationship	Date of Birth <i>if under age 18</i>	Name of Trustee <i>for minor beneficiary</i>

I/We certify that the previously designated contingent beneficiary (name) \_\_\_\_\_ died on (date) \_\_\_\_\_

Signed at (city)	On (Day/Month/Year)	Signature of Policyowner(s) <i>(authorized signature if corporation)</i>	Signature of Witness

Signed at (city)	On (Day/Month/Year)	Signature of Irrevocable Beneficiary(ies)	Signature of Witness

2. I/We release my/our interest as beneficiary(ies)/contingent beneficiary(ies) under the above policy.

### Release of Interest as Beneficiary

Signed at (city)	On (Day/Month/Year)	Signature of Irrevocable Beneficiary(ies)/ Contingent Beneficiary(ies)	Signature of Witness

<b>FOR OFFICE USE ONLY: ACKNOWLEDGED AT EQUITABLE LIFE OF CANADA® HEAD OFFICE</b>	
Signature	Date

Life Insured(s) or Annuitant(s):

Policyowner(s):

Policy Number:

3. **Change of Name – TO BE USED FOR CHANGES TO LEGAL NAME ONLY**

New Name Previous Name

- Policyowner, Life Insured/Annuitant, Assignee (individual person), Beneficiary, Contingent Beneficiary

- Reason for change of name: Marriage, Divorce, Other

For Equation Generation II

- Shuttle Account Beneficiary, Shuttle Account Contingent Beneficiary

Table with 4 columns: Signed at (city), On (Day/Month/Year), Signature of Policyowner(s), Signature of Witness

4. **Change of Ownership**

If the beneficiary is revocable, this transfer of ownership terminates the existing beneficiary designation. The new owner(s) should complete Section 1, Beneficiary Change, otherwise the policy proceeds become payable to the new owner(s) or his/her estate(s), subject to any beneficiary designation made after the effective date of this transfer. Upon transfer, policy document will be forwarded to the new policyowner.

I/We transfer all rights and interest in the above policy, absolutely and irrevocably, subject to the terms and conditions of the policy to:

If joint owner complete below

Form for New Policyowner: Social Insurance No., Address, Postal Code, Telephone Number, Relationship to Present Owner

Form for New Policyowner (joint owner): Social Insurance No., Address, Postal Code, Telephone Number, Relationship to Present Owner

I/We understand this address will be used as the premium billing address unless other instructions are received by the Company.

Table with 4 columns: Signed at (city), On (Day/Month/Year), Signature of Policyowner(s), Signature of Witness. Multiple rows for different beneficiary types.

5. **Appointment of Contingent Policyowner**

I/We revoke all previous designations of contingent policyowners(s) [subrogated holder(s)] under this contract and, upon my death, appoint the person(s) below to become the policyowner(s) [holder(s)] of this contract, if living, otherwise ownership of this contract will automatically transfer to my/our estate(s).

Contingent Policyowner Name Relationship to Present Owner:

Table with 4 columns: Signed at (city), On (Day/Month/Year), Signature of Policyowner(s), Signature of Witness

Table with 4 columns: Signed at (city), On (Day/Month/Year), Signature of Irrevocable Beneficiary(ies), Signature of Witness

This form has been prepared for the convenience of the policyowner. The Company does not assume responsibility for its validity or sufficiency.

FOR OFFICE USE ONLY: ACKNOWLEDGED AT EQUITABLE LIFE OF CANADA® HEAD OFFICE. Signature Date