



**BENEFICIARY DESIGNATION**

**ORDRE DES COMPTABLES AGRÉÉS DU QUÉBEC**

To be used in Quebec only

Policy No. <b>G12</b>	Name of insured (please print)
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The undersigned life insured, hereby revokes any previous beneficiary designations and requests, respecting payment of the proceeds payable on the death of the life insured and designates revocably, unless otherwise specified, the following beneficiaries:

**PRIMARY BENEFICIARY(IES)** – in equal shares, unless otherwise provided below:

Full Name	Relationship to Life Insured	Birthdate (if under 18)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

who may survive the life insured.

**CONTINGENT BENEFICIARY(IES)** – in equal shares, unless otherwise provided below:

Full Name	Relationship to Life Insured	Birthdate (if under 18)
_____	_____	_____
_____	_____	_____
_____	_____	_____

who may survive the life insured.

I reserve the right to change this designation of beneficiary.

The company assumes no responsibility for the validity of effect of this designation.

Signed \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

\_\_\_\_\_  
SIGNATURE OF LIFE INSURED