

### Change of Beneficiary

Name of Owner(s) : \_\_\_\_\_ Policy Number : \_\_\_\_\_  
 \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Telephone : \_\_\_\_\_  
 \_\_\_\_\_

#### Beneficiary Designation

**Any new Beneficiary designation automatically cancels any prior Primary and Contingent Beneficiary designation.**

Please note that the change of beneficiary is not performed on coverage where there is a Critical Protection rider attached. For any Critical Protection insurance policy, please use form 5283-00A *Change of Beneficiary – Critical Protection*.

#### PRIMARY BENEFICIARY

First Name	Last Name	Age	Equal Shares (only indicate a % if payable other than in equal shares)	Relationship to Insured (in Quebec, relationship to Owner)
1.				
2.				
3.				
4.				

Beneficiaries will be revocable unless stated to be irrevocable.

**For Quebec Owners only:**

If you have named your spouse as Beneficiary, the designation is irrevocable unless you select revocable here:  Revocable

**CONTINGENT BENEFICIARY** The policy does not confer any rights to Contingent Beneficiaries prior to the death of all Primary Beneficiaries.

First Name	Last Name	Age	Equal Shares (only indicate a % if payable other than in equal shares)	Relationship to Insured (in Quebec, relationship to owner)
1.				
2.				
3.				
4.				

**TRUSTEE APPOINTMENT** For Quebec Owners only: All benefits payable to a minor Beneficiary must be paid to the surviving parent(s) as tutor of the minor child.

If the Beneficiary is a minor, please designate a trustee: \_\_\_\_\_

Relationship of the trustee to the Beneficiary: \_\_\_\_\_

**Please complete and sign this form on page 2**

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 \_\_\_\_\_

#### Additional Information

**Revocable or Irrevocable Designation:**

1. Unless otherwise stipulated or not permitted by law, all Beneficiary designation is *revocable*.
2. If a Beneficiary is designated *irrevocable*, his/her consent is required for any request that may affect his/her rights, including a change of Beneficiary.
3. In Quebec, the designation of the Owner's married or civil union spouse as Beneficiary is *irrevocable*, unless otherwise stipulated.

**Insurance proceeds will be payable in the following order:**

1. To all designated Primary Beneficiaries who survive the Insured, in equal shares, unless a percentage (%) is stated;
2. To all designated Contingent Beneficiaries who survive the Insured (if no Primary Beneficiary survives the Insured), in equal shares, unless a percentage (%) is stated; or
3. To the Insured's estate (if no Contingent Beneficiary survives the Insured).

**In the case of a deceased Beneficiary:**

1. The equal share of a deceased Beneficiary (Primary or Contingent, as the case may be) will be divided between the surviving Beneficiaries (of the same category); and
2. The percentage (%) of the share of a deceased Beneficiary (Primary or Contingent, as the case may be), will be payable to the Insured's estate.

#### Signatures

I, the undersigned, acknowledge and understand that Assumption Life shall add this request for a change of Beneficiary to my file upon receipt, but that Assumption Life does not express any opinion as to the validity or legality of any Beneficiary designation.

I, the undersigned, hereby declare that all the information provided herein is truthfully given to the best of my knowledge and I authorize Assumption Life to make the requested changes.

Signature of Owner(s)	Date (DD/MM/YYYY)	*Title	Witness (18 years or over)
Signature of Owner(s)	Date (DD/MM/YYYY)	*Title	Witness (18 years or over)
Signature of existing Beneficiary(ies), if named irrevocable	Date (DD/MM/YYYY)	Witness (18 years or over)	

\*If the Owner is a body corporate (corporation, association, etc.), the signature and title of the authorized individuals are required.

#### Mailing Instructions

Please send your duly completed and signed form by one of the following method:

*By mail*

770 Main St./ P.O. Box 160, Moncton NB E1C 8L1

*By email*

[client.services@assumption.ca](mailto:client.services@assumption.ca)

*By fax*

855-230-2500