

## POLICY DESCRIPTION

Policy n° : \_\_\_\_\_

Life Insured : \_\_\_\_\_

## CURRENT BENEFICIARY(IES):

NAME (S) : \_\_\_\_\_

**IF IRREVOCABLE BENEFICIARY:** I agree to be revoked as current beneficiary of the above-mentioned policy, and I give up all my rights and privileges under the terms of this policy.

 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 DATE

 \_\_\_\_\_  
 WITNESS SIGNATURE (OTHER THAN BENEFICIARY)

 \_\_\_\_\_  
 IRREVOCABLE BENEFICIARY SIGNATURE

 \_\_\_\_\_  
 PHONE NUMBER

## NEW BENEFICIARY(IES)

1. Name: \_\_\_\_\_ % Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Complete Address: \_\_\_\_\_

 Relationship with Insured:  Married/ civil union  Common-law partner  Other \_\_\_\_\_

 Revocable  \*Irrevocable  \_\_\_\_\_

\*NEW IRREVOCABLE BENEFICIARY SIGNATURE (IF NECESSARY)

2. Name: \_\_\_\_\_ % Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Complete Address: \_\_\_\_\_

 Relationship with Insured:  Married/ civil union  Common-law partner  Other \_\_\_\_\_

 Revocable  \*Irrevocable  \_\_\_\_\_

\*NEW IRREVOCABLE BENEFICIARY SIGNATURE (IF NECESSARY)

3. Name: \_\_\_\_\_ % Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Complete Address: \_\_\_\_\_

 Relationship with Insured:  Married/ civil union  Common-law partner  Other \_\_\_\_\_

 Revocable  \*Irrevocable  \_\_\_\_\_

\*NEW IRREVOCABLE BENEFICIARY SIGNATURE (IF NECESSARY)

**\*NOTE:** In Quebec, in the absence of any choice, the legal spouse designation is irrevocable, and the designation of any other beneficiary is revocable.

I hereby revoke the current beneficiary(ies) to whom I substitute the new beneficiary(ies) as described above.

 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 DATE

 X \_\_\_\_\_  
 WITNESS SIGNATURE  
 (OTHER THAN BENEFICIARY)  
 PHONE NUMBER \_\_\_\_\_

 X \_\_\_\_\_  
 OWNER SIGNATURE  
 (IF COMPANY, AUTHORIZED SIGNATORY)

## FOR COMPANY USE ONLY

We acknowledge receipt of this beneficiary change request. However, UL Mutual is not responsible for the validity of the changes made.

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ Registered by \_\_\_\_\_