Assumption Life

Change of Beneficiary

Name of Owner _____ Name of Insured _____

Policy No. _____ Telephone _____

Any new beneficiary designation automatically cancels any prior primary and contingent beneficiary designation.

PRIMARY BENEFICIARY DESIGNATION					SUBSTITUTE BENEFICIARY DESIGNATION		
First and Last Name	**Age**	☐ **equal share OR** ☐ **as follows:**	**Rev./Irr.**	**Relationship to insured** (In Quebec, relationship to owner)	**First and Last Name**	**Age**	**Relationship to insured** (In Quebec, relationship to owner)
			☐ ☐				
			☐ ☐				
			☐ ☐				
			☐ ☐				

CONTINGENT BENEFICIARY DESIGNATION (Only applies if all beneficiaries named above die before proposed insured)

First and Last Name	Age	☐ **equal share OR** ☐ **as follows:**	Rev. / Irr.	**Relationship to insured** (In Quebec, relationship to owner)
			☐ ☐	
			☐ ☐	

TRUSTEE APPOINTMENT

If the beneficiary is a minor, please designate a trustee: _____

Relationship of the trustee to the beneficiary: _____

Rev. (Revocable) or Irr. (Irrevocable)*: Unless otherwise stipulated or not permitted by law, any beneficiary designation is revocable. If a beneficiary is named irrevocably, please note that his/her consent is required for any request that may affect his/her rights, including a change of beneficiary.*

Insurance proceeds will be payable in equal shares to all primary beneficiaries named below who survive the Insured, unless a percentage is stated. If no primary beneficiary survives the Insured, the insurance proceeds will be divided equally among all designated contingent beneficiaries who survive the Insured.

In Quebec, *the designation of the owner's married or civil union spouse as beneficiary is irrevocable, unless otherwise stipulated.*

The policy does not confer any rights to contingent beneficiaries prior to the death of the primary beneficiaries.

I, the undersigned, acknowledge and understand that Assumption Life shall place this request for a change of beneficiary in 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 authorize Assumption Life to make the requested changes.

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

_____ _____ _____ _____

Signature of Owner(s) Date *Title Witness (18 years or over)

_____ _____ _____

Signature of existing beneficiary(ies), if necessary Date Witness (18 years or over)

Assumption Mutual Life Insurance Company, doing business under the name Assumption Life,

770 Main St./ P.O. Box 160, Moncton NB E1C 8L1 Tel. 506-853-6040/1-800-455-7337 Fax 855-230-2500 client.services@assumption.ca