

Statement of Irrevocability

This form is to be completed only if the insurance is subject to the laws of the province of Nova Scotia. Section 2 is to be completed in duplicate in every case where an irrevocable beneficiary is designated. The declaration in this section must be made by the insured (i.e. the life insured, or, under third party insurance, the applicant or owner). Section 3 is to be completed in duplicate by a representative of the company.

Please print clearly.

1 Policy information	<input type="radio"/> Declaration dated (dd/mmm/yyyy)	<input type="radio"/> Application dated (dd/mmm/yyyy)	Policy number
	On the life of (first, middle initial, last)		
2 Policy owner signature	I understand that the effect of my designating a beneficiary irrevocably is that, under the provisions of the Insurance Act, while the beneficiary is living, I may not alter or revoke the designation without the consent of the beneficiary and I may not assign, exercise rights under or in respect of, surrender or otherwise deal with the contract without the consent of the beneficiary.		
	Dated at _____ this _____ day of _____, _____		
	Signature(s) of policy owner(s)		
	Signature of witness		
	Address		
3 Independent advisor signature	I certify that I have fully explained to the insured the nature and effect of making an irrevocable designation of beneficiary and such explanation was given to the insured not in the presence of the beneficiary and that the insured indicated that he was aware of the irrevocable nature of the designation so made by him.		
	Dated at _____ this _____ day of _____, _____		
	Signature of independent advisor		
While this document has been prepared for the convenience of its policy holders, the company assumes no responsibility for its validity or sufficiency.			
Recorded on		By	