



## Beneficiary Designation (Life Insurance and Annuities Only)

*You can use this form to name a beneficiary to receive proceeds of life insurance (including annuities) on the insured person's death. This form is not to be used for accident & sickness insurance such as LifeCare and Health Security Plus. For those policies, please use Beneficiary Designations for LifeCare and Health Security Plus form number 105567.*

<b>INSURANCE INFORMATION</b>				
Insured Person / Annuitant: _____		Policy / Certificate Number: _____		
Policy / Certificate Owner : _____				
Owner's Address _____				
Apt. #	Street			
City	Province	Postal Code		
<b>PRIMARY BENEFICIARIES – to be completed by the owner(s)</b>				
Name (First, Middle Initial, Last)	Date of Birth (dd/mm/yyyy)	Address	Relationship *	Share %
<i>* Relationship of beneficiary to insured person or, in Quebec, to the owner</i>			<b>Total must equal 100%</b>	
<b>SECONDARY BENEFICIARIES – to be completed by the owner(s)</b>				
Name (First, Middle Initial, Last)	Date of Birth (dd/mm/yyyy)	Address	Relationship *	Share %
<i>* Relationship of beneficiary to insured person or, in Quebec, to the owner</i>			<b>Total must equal 100%</b>	
<b>Quebec Policies only – if you name your spouse or your civil union partner as a beneficiary, the designation is irrevocable unless you select:   <input type="checkbox"/> REVOCABLE</b>				
<b>Beneficiary Designation Instructions and Notes:</b>				
1) Except as noted for Quebec, beneficiaries are revocable unless you write the word "Irrevocable" beside the beneficiary's name. 2) In Nova Scotia, to name an irrevocable beneficiary, you must also complete the Irrevocable Designation Acknowledgement Form 3) If you designate an irrevocable beneficiary, your rights under this insurance will be limited. For example, to name a new beneficiary, you will need the existing irrevocable beneficiary's consent or, where permitted by law, a court order. A Parent cannot consent on behalf of an irrevocable beneficiary who is a minor. 4) A secondary beneficiary will not receive any share of the proceeds unless there is no primary beneficiary who is alive and entitled to receive the proceeds when a claim arises.				

**TRUSTEE (NOT APPLICABLE IN QUEBEC) – to be completed by the owner(s)**

If you have named a beneficiary who is a minor, please name a trustee to receive any proceeds payable to the child while a minor.

Beneficiary's Name (First, Middle Initial, Last)	Trustee's name (First, Middle Initial, Last)	Relationship to Beneficiary

**AUTHORIZATION OF CHANGE – to be completed by the owner(s) and any existing irrevocable or preferred beneficiary**

**By signing below:**

- **Each owner** of the insurance policy(ies) and/or certificate(s) listed above revokes all existing designations of beneficiaries and trustees, and names the beneficiaries listed above to receive the proceeds payable upon the death of the insured person.
- **Each existing irrevocable or preferred beneficiary** consents to the revocation of all existing designations of beneficiaries and trustees and, in particular, the termination of his, her or its rights as beneficiary under this insurance.

**Owners**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Please print name and, if signing for a company, title

\_\_\_\_\_  
Witness Signature (other than Beneficiary)

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Please print name and, if signing for a company, title

\_\_\_\_\_  
Witness Signature (other than Beneficiary)

If owner is a company, please have two officers sign, or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please sign above, and initial here to confirm:

Initials

**Irrevocable or Preferred Beneficiary**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_

\_\_\_\_\_  
Beneficiary's Signature

\_\_\_\_\_  
Please print name and, if signing for a company, title

\_\_\_\_\_  
Witness Signature (other than Beneficiary)

If owner is a company, please have two officers sign, or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please sign above, and initial here to confirm:

Initials

## Signature Instructions and Notes

1) **If any owner or beneficiary is a company, we will require:**

- a. Two Signing officers' signatures and titles OR
- b. One signing officer's signature and title and the corporate seal OR
- c. One signing officer's signature and title, and his or her initials to confirm that he or she is the only signing officer for the company and there is no corporate seal.

2) **The current beneficiary must sign to release his or her rights if he or she is a:**

- **Preferred Beneficiary:**
  - A preferred beneficiary is a beneficiary who was named prior to July 1, 1962, in all Provinces except Quebec, who is one of the following to the Insured Person: husband, wife, child, adopted child, grandchild, and child of adopted child, parent or adoptive parent.
  - However the preferred beneficiary does not have to sign to consent if you are only changing the beneficiary from one preferred beneficiary to another.
- **Irrevocable Beneficiary:**
  - An irrevocable beneficiary is a beneficiary whom you named to receive insurance money if:
    - The owner has specified on the beneficiary designation form that the designation is to be irrevocable, and has complied with any applicable formalities required to make the designation irrevocable under provincial law; or
    - **In Quebec only**, a beneficiary who is the spouse or, currently, civil union partner of the owner, if the owner did not specify on the beneficiary designation form that the designation was to be revocable.

Please complete this form and return it to:

For certificates insured by The Independent Order of Foresters:

For policies insured by Foresters Life Insurance company:

**Foresters**  
789 Don Mills Road  
Toronto, ON M3C 1T9  
Canada

**Foresters Life**  
1660 Tech Avenue, Suite 3  
Mississauga, ON L4W 5S8  
Canada

**An endorsed COPY of this change will be returned for your records**

HEAD OFFICE USE ONLY - *This document has been registered by THE INDEPENDENT ORDER OF FORESTERS /FORESTERS LIFE INSURANCE COMPANY but no responsibility is assumed for the validity thereof.*