

# **BENEFICIARY DESIGNATION**

For CL Head Office Use Only CL Certificate Number

Please print clearly and complete this form in INK. Plan Member should return the completed form to your Plan Administrator. If you use GroupNet for Plan Admin, completed form should be maintained by the Plan Administrator.

1. General Enrolment	Plan number:	Division	number:	_ Plan member ID:	
Information	Plan sponsor:				
	Plan member name (prin		Control		out date to test
		last name	first name		middle initial
2. Beneficiary Designation	I hereby revoke all previo	us beneficiary designations	and designate the followin	, ,	
This section must be completed to designate a beneficiary for your life benefits, if applicable.	Primary Beneficiary			Percent allocated	Relationship to plan member
An original or copy of this form will be required for a life claim.	last name	first name	middle initial		
Crossed out beneficiary designations must be initialed.	last name	first name	middle initial		
Please print clearly in INK.	last name	first name	middle initial		
	To be divided as follows:	As per the percentage in In equal shares to the s	ndicated above, or urvivor(s)		
	You may change this beneficiary designation at any time upon notice to Canada Life. If you wish to make the beneficiary designation irrevocable (meaning you may not change the designation or make certain changes to your coverage under the plan without the written consent of the beneficiary) please complete form #M6348 BIL.				
	Note: Where Quebec law applies and you have designated your married spouse or civil union spouse as benef the designation will be irrevocable unless you check the box marked "Revocable", below.  I hereby make the above beneficiary designation:  Revocable, I may change this beneficiary designation at any time				
	a minor or lacks legal cap benefit of the beneficiary notice of the trust. If a val	nly - Benefits payable under acity, will be paid to their tu by Will or by separate contr id trust has already been est it, you should seek legal ad	tor(s) or curator(s), unless a act, to receive any such pay ablished, designate the tru	valid trust has bee ment and Canada I	n established for the Life has been provided
3. Contingent Beneficiary Designation		eneficiaries at the time of mere are no surviving Conting			
If you wish to appoint a contingent	to my estate.			Percent	Relationship
beneficiary in the event that there are no surviving primary	Contingent Beneficiary			allocated	to plan member
beneficiaries at the time of your death, please complete this section.	last name	first name	middle initial		
	last name	first name	middle initial		
	last name	first name	middle initial		
	To be divided as follows:	☐ As per the percentage in☐ In equal shares to the si	ndicated above, or urvivor(s)		
	You may change this beneficiary designation at any time upon notice to Canada Life. If you wish to make the beneficiary designation irrevocable (meaning you may not change the designation or make certain changes to your coverage under the plan without the written consent of the beneficiary) please complete form #M6348 BIL.				
	Note: Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the box marked "Revocable", below.				
	I hereby make the above beneficiary designation:   Revocable, I may change this beneficiary designation at any time				
	For Quebec Applicants Only - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to their tutor(s) or curator(s), unless a valid trust has been established for the benefit of the beneficiary, by Will or by separate contract, to receive any such payment and Canada Life has been provided notice of the trust. If a valid trust has already been established, designate the trust as the beneficiary in this section. Before designating a trust, you should seek legal advice.				
	trustee/administrator by	If designating a beneficiary completing form #M6242 BI stee, you should seek legal	L. This appointment may n		

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# 4. Trustee Appointment

You may wish to appoint a trustee/ administrator by completing this section

An original or copy of this form will be required for a life claim.

Please print clearly, in INK.

#### DO NOT COMPLETE THIS SECTION IF YOU ARE A QUEBEC RESIDENT

If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing this form. This appointment may not be suitable for all purposes.

If you are designating a trustee/administrator, we recommend you consult with a legal advisor, and with any proposed trustee/administrator.

#### Do not complete this section if you have made another trustee/administrator appointment.

I hereby appoint the following trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group benefits plan where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will release The Canada Life Assurance Company from further liability. The trustee shall act prudently and may use the money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary. The trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time, the trustee shall deliver to the beneficiary all assets held in trust.

Trustee last name

first name

middle initial

Relationship to plan member

## 5. Privacy

This section explains Canada Life's commitment to privacy.

At The Canada Life Assurance Company we recognize and respect the importance of privacy.

#### Your personal information:

When you apply for coverage, we establish a confidential file that contains your personal information like your name, contact information, and products and coverage you have with us. Depending on the products or services you apply for and are provided with, this may also include financial or health information. Your information is kept in the offices of Canada Life or the offices of an organization authorized by Canada Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Canada Life.

#### Who has access to your information:

We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties and to persons to whom you have granted access. In order to assist in fulfilling the purposes identified below, we may use service providers located within or outside Canada. Your personal information may also be subject to disclosure to public authorities or others authorized under applicable law within or outside Canada.

#### What your information is used for:

Personal information that we collect will be used for the purposes of determining your eligibility for products, services or coverage for which you apply, providing, administering or servicing products or coverage you have with us, and for Canada Life's and its affiliates' internal data management and analytics purposes. This may include investigating and assessing claims, paying benefits, and creating and maintaining records concerning our relationship. The consent given in this form will be valid until we receive written notice that you have withdrawn it, subject to legal and contractual restrictions. For example, if you withdraw your consent, we may not be able to continue to adjudicate or administer a claim for benefits.

#### If you want to know more

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to <a href="https://www.canadalife.com">www.canadalife.com</a>.

# 6. Authorizations and Declarations

This section must be signed and dated in INK by the plan member.

I have read and understand and agree with the contents of the section on this form entitled "Privacy".

### I authorize:

Canada Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators
of government benefits or other benefits programs, other organizations, or service providers working with Canada Life
or the above to exchange personal information, when relevant and necessary to determine my eligibility for coverage
and to administer the plan.

I agree that a photocopy or electronic copy of the Authorizations and Declarations section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

For Quebec applicants:

I request that this form be in English.

Je demande que ce formulaire me soit remis en anglais.

Plan member signature: \_\_\_\_\_\_ Date: \_\_\_\_\_