iA Financial Group

Underwritten by:
Industrial Alliance Insurance & Financial Services Inc.
400 – 988 Broadway W PO Box 5900, Vancouver, BC V6B 5H6

ACCIDENTAL DEATH & DISMEMBERMENT BENEFICIARY DESIGNATION

Please complete, print and sign.

POLICY INFORMATION

Name of Group Policyholder	Group Policy Number	Certificate Number (if applicable)

INSURED INFORMATION

Last Name	Given Name	Initials	Date of Birth (dd-mmm-yyyy)

BENEFICIARY DESIGNATION OR CHANGE OF BENEFICIARY

Beneficiary Last Name	Beneficiary Given Name	Relationship to the Insured	Age	% payable to each

If the designated beneficiary is estate, please indicate "Estate" under Beneficiary Last Name. No other information is required.
If you are designating a minor as a beneficiary please complete the Declaration Appointing Trustee below.

NOTE FOR QUEBEC RESIDENTS

If you have named your spouse (excluding common-law spouse) as your beneficiary, this designation will automatically be irrevocable.
This means that you will not be able to change your coverage without their consent.
If you do not wish your spouse's designation to be irrevocable, please check here ➡ ◯ **Revocable**

CONTINGENT BENEFICIARY DESIGNATION

If all of my primary beneficiaries predecease me, I designate the following individual(s) as my beneficiary(ies).

Beneficiary Last Name	Beneficiary Given Name	Relationship to the Insured	% payable to each

DECLARATION APPOINTING TRUSTEE   TO BE COMPLETED IF BENEFICIARY IS A MINOR

Note: If more space is needed, please attach a separate sheet of paper, dated and signed.
If you are naming a beneficiary who is under the age of 18, you should name a Trustee to receive the monies in trust for the beneficiary.

Name of Trustee for any Minor Beneficiary:

AUTHORIZATION

If more than one beneficiary is designated and if one of the beneficiaries dies before the Insured, his/her share will be divided equally among the other designated beneficiaries. In accordance with the terms and conditions of the above-mentioned group insurance policy, I, the undersigned, hereby revoke any previous designation of beneficiary and name the above-mentioned person(s) as my beneficiary entitled to receive any amount payable under this group policy upon my death. If this beneficiary predeceases me and I do not have a contingent beneficiary, the death benefit will be payable to my estate.

To the extent permitted by law, I reserve the right to alter or revoke the beneficiary designation. The beneficiary designation stated on this form will supercede all prior dated designations and will apply to all coverage in force under this group policy unless specific instructions to the contrary have been received by Industrial Alliance Insurance and Financial Services Inc.

X _____   _____
Signature of Insured   Date (dd-mmm-yyyy)

QUESTIONS?

Please contact your Benefits Administrator