Assumption Life

Reset

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

| CONTINGENT BENEFICIARY DESIGNATION | | | | | |
|---|---|---|---|---|---|
| **First Name** | **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.

Please note that the change of beneficiary is not performed on coverage where there is a Critical Protection rider attached. For any Critical Protection insurance policy, please use form *5283-00A Change of Beneficiary – Critical Protection.*

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,
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