

## **STATEMENT OF CHANGES TO BENEFICIARIES**

SECTION 1 – GENERAL INFORMATION	<u>NC</u>			
Policy N° :	Division N° :	Identification N° :		
Last name :	st name : First name :			
SECTION 2 – RIGHTS WAIVER STATEMENT (Mandatory section if the beneficiaries had been designated irrevocably) UNDERSIGNED, BEING DESIGNATED AS BENEFICIARY OF AMOUNTS PAYABLE ON DEATH OF EMPLOYEE INSURED UNDER THE POLICE GROUP MENTIONED ABOVE, TO HEREBY DISCLAIMS ALL MY RIGHTS AND INTERESTS OF ANY KIND IN THIS POLICY.				
Signed at	this day_	of	20	
Signature of witness		Signature of previous beneficiary #1		
Signature of witness		Signature of previous beneficiary #2 (if applicable)		
Witness address		Address of previous beneficiary #1	Address of previous beneficiary #1	
		Address for previous beneficiary #2		
SECTION 3 - DESIGNATION OF NEW BENEFICIARIES FOR LIFE INSURANCE				
Last name :	First name :	% Relationship:	Revocable Irrevocable	
Last Name:	First name :	Relationship :	Revocable Irrevocable	
Last name :	First name :	% Relationship :		
Last name :	First name :	% Relationship :	Revocable Irrevocable	
Except during an irrevocable designation, you can change your beneficiary at any time without consent. IN QUEBEC: THE DESIGNATION OF YOUR SPOUSE AS BENEFICIARY IS IRREVOCABLE UNLESS OTHERWISE NOTED. If you designate your spouse, YOU SHOULD DO AS A REVOCABLE to facilitate a change in potential recipient.				
Signature of witness	Date	Signature of participant	Date	
Address of witness		Address of participant		
ACKNOWLEDGEMENT OF RECEIPT (RESERVED FOR INSURER) Insurance Company Blue Cross Life of Canada acknowledges receipt of a copy of these statements, but does not assume responsibility for their impact, effectiveness or validity.  Space reserved for Company Blue Cross Life of Canada				
Signature of authorized person : Date :				

COMPLETE 2 COPIES OF THIS FORM. SEND THE ORIGINAL ONE TO ADDRESS BELOW AND KEEP A COPY FOR YOUR RECORDS: