

BENEFICIARY CHANGE REQUEST FORM

| olicy # | Policy | Policy # | | Policy # | |
|---|---|---|--|--|--|
| Provide details about insured | d and owner of the po | olicy: | | · | |
| Name (First, Middle | | e, Last) Date of Birth | | h (dd/mm/yyyy) Phone #: | |
| Owner(s): | | | | | |
| nsured(s): | | | | | |
| PRIMARY BENEFICIARY CHA | ANGE: The primary b | eneficiary(ies) receive | es the policy ber | nefits when the insur | ed person dies. |
| Name | | Relationship to Insured | % shared equally unless otherwise specified | Date of Birth if minor | Name of Trustee for minor |
| | | | | (dd/mm/yyyy) | |
| | | | | (dd/mm/yyyy) | |
| | | | | | |
| | | | | | |
| Beneficiary will be revocabl | e unless stated to be i | rrevocable. | | (44) | |
| Beneficiary will be revocable CONTINGENT BENEFICIAR ries are deceased at the time | RY CHANGE: The con | tingent beneficiary(ie | s) receives the p | | he primary beneficia- |
| Contingent beneficiar | RY CHANGE: The con | tingent beneficiary(ie | s) receives the p % shared equally unless otherwise specified | | he primary beneficia Name of Trustee fo minor |
| CONTINGENT BENEFICIAR ries are deceased at the time | RY CHANGE: The con | tingent beneficiary(ie | % shared equally unless otherwise | policy benefits if all t | Name of Trustee fo |
| CONTINGENT BENEFICIAR ries are deceased at the time | RY CHANGE: The con | tingent beneficiary(ie | % shared equally unless otherwise | Date of Birth | Name of Trustee fo |
| CONTINGENT BENEFICIAR ries are deceased at the time | RY CHANGE: The con | tingent beneficiary(ie | % shared equally unless otherwise | Date of Birth if minor | Name of Trustee fo |
| CONTINGENT BENEFICIAR ries are deceased at the time Name | RY CHANGE: The con of the insured's death. | tingent beneficiary(ie Relationship to Insured | % shared equally unless otherwise | Date of Birth if minor (dd/mm/yyyy) | Name of Trustee fo |
| CONTINGENT BENEFICIAR ries are deceased at the time Name Beneficiary will be revocable, the policy owner confirm that the | e unless stated to be in the above named benefic | Relationship to Insured Trevocable. iary(ies) will cancel and | % shared equally unless otherwise specified | Date of Birth if minor (dd/mm/yyyy) (dd/mm/yyyy) ous beneficiary and compositions are selected to the composition of the com | Name of Trustee forminor |
| CONTINGENT BENEFICIAR ries are deceased at the time Name Beneficiary will be revocable I, the policy owner confirm that the solicy has multiple owners, all | e unless stated to be in the above named benefic owners must sign. If com | Relationship to Insured Trevocable. iary(ies) will cancel and | % shared equally unless otherwise specified | Date of Birth if minor (dd/mm/yyyy) (dd/mm/yyyy) ous beneficiary and came and title). | Name of Trustee for minor |
| Beneficiary will be revocable, the policy owner confirm that the policy has multiple owners, all | e unless stated to be in the above named benefic owners must sign. If com | Relationship to Insured Trevocable. iary(ies) will cancel and appany is owner, please | % shared equally unless otherwise specified description replace all previous pecify officer's necessity of the specific replace all previous pecify of the specific replace all previous pecify of the specific replace all previous pecific replace al | Date of Birth if minor (dd/mm/yyyy) (dd/mm/yyyy) ous beneficiary and came and title). | Name of Trustee for minor or trustee designations. of Agent/Witness: |
| CONTINGENT BENEFICIAR ries are deceased at the time Name Beneficiary will be revocable, the policy owner confirm that the fill policy has multiple owners, all signature of Policy Owner (Date (dd/mm/yyyy)): | e unless stated to be in the above named benefic owners must sign. If com | Relationship to Insured rrevocable. iary(ies) will cancel and appany is owner, please | % shared equally unless otherwise specified d replace all previ specify officer's named in (city and | Date of Birth if minor (dd/mm/yyyy) (dd/mm/yyyy) ous beneficiary and came and title). | Name of Trustee for minor or trustee designations. of Agent/Witness: |
| CONTINGENT BENEFICIAR ries are deceased at the time | e unless stated to be in the above named benefic owners must sign. If com | Relationship to Insured rrevocable. iary(ies) will cancel and appany is owner, please | % shared equally unless otherwise specified direplace all previse specify officer's number of the specific of | Date of Birth if minor (dd/mm/yyyy) (dd/mm/yyyy) ous beneficiary and came and title). Signature cand province): | Name of Trustee for minor or trustee designations. of Agent/Witness: |

FOR OFFICE USE ONLY: ACKNOWLEDGED AT EQUITABLE LIFE OF CANADA® HEAD OFFICE

_ Date

Instructions for Beneficiary Designation/s:

- 1. This form asks for two types of beneficiary designation, Primary and Contingent- It is not mandatory to designate both, but it is recommended. If no beneficiary is named, the proceeds will be payable to the Estate of the Insured.
- 2. If a primary beneficiary dies before the benefit is payable, his or her share will be distributed equally amongst the surviving primary beneficiaries designated, if any, unless it is specified otherwise in this form. The same rule applies to the contingent beneficiaries.
- If a beneficiary is designated as irrevocable, then that must be specified next to the beneficiary's name. Note however
 that if the beneficiary designation is specified as irrevocable, the signature of the irrevocable beneficiary is required to
 make any future beneficiary changes.
- 4. If a trustee is designated for a minor beneficiary, the proceeds will be paid out to the trustee as long as the beneficiary is a minor. Once the minor beneficiary reaches the age of majority, the proceeds may be paid directly to him or her, unless the designation is superceded by an insurance declaration in a Will, or otherwise, made after the designation was signed, and of which Equitable Life is made aware.
- 5. If a trust is designated as a beneficiary, ensure the name of the trust is listed completely as it was formed.
- 6. List names of children individually instead of "All my children" to avoid delay in receiving proceeds at time of claims.
- 7. The policy owner should initial any corrections to this form.