



Insured Name Change and/or Change of Beneficiary

For Member/Employee or Spouse

Note: A separate form is required for each Insured / Please print in ink

Policy Information

Policy No. Division No. Member/Employee ID Name of Policyholder

Member/Employee's Last Name (must always be completed) Given Name Initials

Please complete the following line if this form is being filed by the spouse.

Spouse's Last Name Given Name Initials

Change of Insured's Name

Insured's **New** Last Name Given Name Initials

Change of Beneficiary Designation

New Beneficiary Last Name Given Name Relationship to Insured

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: _____

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 policy unless specific instructions to the contrary have been received by Industrial Alliance Pacific Insurance and Financial Services Inc. ("IAP").

Quebec Residents: If you designate your spouse as your beneficiary, this designation is irrevocable unless you check this box. **Revocable**

Signature of Insured

Date Signed (dd/mmm/yyyy)

Signature of Witness (Must be legal age or over and someone other than the beneficiary)

Date Signed (dd/mmm/yyyy)

Please return to IAP, Special Markets Group at 2165 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6