

**Group No.**

**GPM User ID**

### INSTRUCTIONS

If your current beneficiary designation is irrevocable\*, the designated beneficiary must consent to release all of his rights or interests by completing the section below before you can modify your beneficiary designation.

1. THE PARTICIPANT FILLS IN THE PARTICIPANT STATEMENT AND SIGNS AT THE BOTTOM OF THE PAGE.
2. THE DESIGNATED BENEFICIARY FILLS IN THE REVOCATION OF IRREVOCABLE BENEFICIARY AND SIGNS.

\* The irrevocable designation **cannot be revoked** (changed) without the signature of the irrevocable beneficiary.

### PARTICIPANT STATEMENT

Group Name

Participant's Family Name(s) / Participant's Given Name(s) / Inital(s)

Participant's Email Address

### REVOCATION OF IRREVOCABLE\* BENEFICIARY

I, having been named as the IRREVOCABLE\* beneficiary to receive the moneys payable on the death of the insured employee under the group policy mentioned above, hereby release absolutely all my rights, titles or interests of any nature in the said policy.

I hereby consent to any change of beneficiary under this contract.

I hereby declare that I am of legal age.

**SIGNED AT**

**BENEFICIARY'S SIGNATURE**

**BENEFICIARY'S FULL NAME** (Please Print)

Date (d/m/yyyy)

**WITNESS' SIGNATURE** The new beneficiary cannot sign as the witness.

**WITNESS' FULL NAME** (Please Print)

Date (d/m/yyyy)

### DECLARATION AND AUTHORIZATION

I authorize the insurance company, its agents and service providers to use and exchange information collected in this form to underwrite, administer and pay claims.

**PARTICIPANT'S SIGNATURE**

Date (d/m/yyyy)