

Group No.

GPM User ID

**PARTICIPANT STATEMENT**

Group Name

Participant's Family Name(s)

Participant's Given Name(s)

Participant's Email Address

**CHANGE OF BENEFICIARY(IES) - Please change my beneficiary(ies) nomination to the following:**

**REVOCAION OF IRREVOCABLE\* BENEFICIARY:** If your current beneficiary designation is irrevocable, the designed beneficiary **must** fill out the « Irrevocable\* Beneficiary Consent to Change Form » form, before you can modify your beneficiary nomination.

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

Effective  
date of change  
(d/m/yyyy)

**I hereby revoke all previous designation of any beneficiary or beneficiaries.**

**PRIMARY BENEFICIARIES** This section must be completed to designate a beneficiary with respect to the participant's life insurance.

**NOTE:** No crossings-out, liquid paper corrector or any other correction in this section.

Family Name(s)	Given Name(s)	Share in %	Relation(s) to Participant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECONDARY BENEFICIARIES** A secondary beneficiary will only receive a death benefit if no primary beneficiaries are eligible to receive the benefit.

Family Name(s)	Given Name(s)	Share in %	Relation(s) to Participant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Where Quebec Law Applies:**

The designation of a spouse (by marriage or civil union) as a beneficiary is **irrevocable**, unless you check-off the box below:

**I request that my designation be revocable**

Any amount to be paid to a minor will be paid on his behalf to the parent(s), guardian(s), or curator(s) until he or she reaches the age of majority in his province of residence.

**DESIGNATION OF A TRUSTEE for Minor Beneficiaries (Non applicable in Quebec).**

Any amount payable during the minority age of the minor(s) beneficiary (ies) will be paid to the trustee:

Family Name(s) / Given Name(s)	Relation(s) to Participant
<input type="text"/>	<input type="text"/>

or, in the absence of a trustee, to the duly appointed guardian of the minor(s) in question, as trustee. Payment of amounts owing to said trustee shall release the insurer of any obligation.

**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)