

Designation of revocable beneficiary/trustee appointment

Return to Great-West Life, Group Retirement Services

1-800-724-3402

- This form is to designate a revocable beneficiary where permitted by law. If you wish to designate an irrevocable beneficiary, use the *Designation of irrevocable beneficiary* form. As an exception, **where Quebec law applies**, any designation of a plan member's spouse as beneficiary is irrevocable unless stipulated otherwise below – see box in Part B.
- If there is an existing **irrevocable** beneficiary, the right to revoke the existing beneficiary designation will not apply unless the irrevocable status is removed by completing Part A.

EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor	Policy/plan number(s)
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MEMBER INFORMATION (please print)

Last name	Initial	First name	Certificate/Social insurance number
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This beneficiary designation and/or trustee appointment will apply to:

- All retirement, savings and income plans under the policy/plan number(s) identified above (and sponsored by the employer/plan sponsor identified)

If you wish to make a specific designation to one or more plans, please indicate below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Registered Retirement Savings Plan | <input type="checkbox"/> Registered Pension Plan | <input type="checkbox"/> Deferred Profit Sharing Plan |
| <input type="checkbox"/> Non-registered Savings Plan | <input type="checkbox"/> Tax-free Savings Account | <input type="checkbox"/> Employee Profit Sharing Plan |
| <input type="checkbox"/> Pooled Registered Pension Plan/Voluntary Retirement Savings Plan | | |
| <input type="checkbox"/> Other (indicate plan type): _____ | | |

If you select more than one plan and the beneficiary is not **exactly** the same for each plan, complete a separate form for each plan.

PART A – TO REMOVE AN EXISTING IRREVOCABLE BENEFICIARY

I transfer to the plan member all my rights under the above-described plan(s).

Date

Signature of irrevocable beneficiary

Signature of witness (person who is not a minor and not the plan member)

PART B – TO DESIGNATE A REVOCABLE BENEFICIARY (complete Part C if applicable)

I revoke all previous designations of revocable beneficiary, including any contingent beneficiary if applicable, to receive the benefits payable on my death under the above described plan(s) and appoint:

Primary beneficiary(ies)

Last name	First name	Relationship to member				% of benefit
		Married	Common-law	Quebec civil union	Other (please specify)	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Total 100%</i>						

Unless the law requires otherwise, if one of my primary beneficiaries predeceases me, his/her share will be paid to the surviving primary beneficiaries in equal shares, or if there is no surviving primary beneficiary(ies), to my contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the benefit will be paid to my estate.

Contingent beneficiary(ies)

Last name	First name	Relationship to member	% of benefit
<i>Total 100%</i>			

These designations are for all benefits payable under the plan unless pension legislation or the terms of the plan require payment to your eligible spouse or common-law partner. As your eligible spouse or common-law partner would be entitled to the death benefit under applicable pension legislation, in most cases, it is unnecessary for you to name that person as the beneficiary.

Where Quebec law applies:

- **If you designate your married or civil union spouse as your beneficiary**, he/she will be irrevocable unless you check the box below. If not, restrictions will apply, unless you obtain the consent of your spouse. For example, you will be prevented from changing your beneficiary, making withdrawals (where permitted) or exercising certain other rights.
I designate my married or civil union spouse as my revocable beneficiary.
- **Where a minor beneficiary resides in Quebec** - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor, will be paid to his/her tutor(s), unless a valid trust has been established for the benefit of the minor, by will or by separate contract, to receive the benefits and the Issuer has been provided notice of the trust. If a trust has already been established, designate the trust as the beneficiary in this section. **Legal advice should be sought.**

Designation of revocable beneficiary/trustee appointment (continued)

PART C – TO APPOINT A TRUSTEE FOR BENEFICIARY LACKING LEGAL CAPACITY (to be completed if any of the beneficiaries named on this form are minors or otherwise lack legal capacity AND DO NOT RESIDE IN QUEBEC)

Do not complete if the member has created a formal trust agreement.

I revoke any previous trustee appointment(s) and appoint:

Full name of trustee being appointed (last name, then first):	Trustee for (indicate beneficiary name)	Relationship of trustee to member:

as trustee to receive, in trust, all benefits payable to any beneficiary designated under the plan(s) who, at the time benefits are paid, is a minor or lacks legal capacity to give a valid discharge according to the laws of the beneficiary's domicile. Payment of benefits to the trustee discharges the Issuer to the extent of the payment. I authorize the trustee in his or her sole discretion to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the plan(s). The trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by, the Issuer or its affiliated financial institutions. The trust for any beneficiary will terminate once that beneficiary is both of age of majority and has legal capacity to give a valid discharge. I direct the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. I or my personal representative may by writing appoint a new trustee to replace the former trustee.

SIGNATURES

Signed at _____
City Province

Date

Signature of plan member

Signature of witness
(person who is not a minor and not a named beneficiary or trustee)

References to the Issuer in this form may include London Life Insurance Company, The Canada Life Assurance Company and/or The Great-West Life Assurance Company, as applicable.