

## Designation of revocable beneficiary/trustee appointment

Return to Great-West Life, Group Retirement Services  
734-7th Ave. SW #1101, Calgary, AB T2P 3P8

- 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 the Civil Code of Quebec applies, any designation of a plan member's spouse as beneficiary is irrevocable unless stipulated otherwise below.
- If there is an existing **irrevocable** beneficiary, the right to revoke the existing beneficiary designation or to assign, surrender, exercise certain rights under or in respect of, or otherwise deal with the contract, will not apply unless the irrevocable status is removed by completing Part A.
- 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.

**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"/> 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 (please print)**

All beneficiary designations are revocable except a designation where:

- a *Designation of irrevocable beneficiary* form is completed; or
- the **Civil Code of Quebec** applies and the beneficiary is the plan member's spouse (designated without stipulation of revocability) – see box below.

- **Where the Civil Code of Quebec applies, any designation of a member's spouse as beneficiary is irrevocable unless the member stipulates the designation to be revocable by checking the box below** ("spouse" here means married or civil union spouse). Where a beneficiary designation is irrevocable and while that beneficiary is living, the member may not, without the consent of the beneficiary (who must be of legal age to give consent), alter or revoke the designation, assign, surrender, exercise certain rights under or in respect of, or otherwise deal with the contract.
  - I stipulate that whenever in this application my spouse (see above definition) is designated as beneficiary, that designation is **revocable**.
- **Where a minor beneficiary resides in Quebec** - Benefits payable under the plan(s) 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.**

**Please provide the name of the trustee:** \_\_\_\_\_

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). I understand that the designations are for all benefits payable under the plan(s) unless applicable pension legislation requires payment to a spouse or common-law partner. I also understand that beneficiary choices may, among other things, affect any possibility of creditor protection for the plan(s). I designate the following primary beneficiary(ies) to receive such benefits and reserve the right to revoke any and all revocable beneficiary designations.

Last name	First name	Relationship to member	% of distribution	Gender	Minor
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<i>Total 100%</i>		

**Designation of revocable beneficiary/trustee appointment (continued)**

**PART B – TO DESIGNATE A REVOCABLE BENEFICIARY (continued)**

Unless the law requires otherwise, the entitlement of any beneficiary who predeceases me will revert to any surviving beneficiaries in equal shares, or if there is no surviving beneficiary, to my contingent beneficiary(ies). If there is no appointed or surviving contingent beneficiary(ies), the entitlement will revert to my estate/successors.

**Contingent beneficiary(ies)** – If all of the primary beneficiaries die before me, the death benefit set out in the plan(s) is to be paid to:

Last name	First name	Relationship to member	% of distribution	Gender	Minor
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Total 100%		

**PART C – TO APPOINT A TRUSTEE FOR BENEFICIARY LACKING LEGAL CAPACITY (to be completed if beneficiary is a minor or otherwise lacks legal capacity and does not reside in Quebec)**

Please complete this trustee appointment section if any of the primary or contingent beneficiaries are minors or otherwise lack legal capacity to receive the proceeds (not required if the member has already completed a 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 plan 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

\_\_\_\_\_  
 \_\_\_\_\_  
 Date

Signature of plan member

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