

Administrative information (please print)

Policy no. Division no. Certificate no.

Policyholder name

Participant surname Given name(s) Initial Date of birth

Beneficiary or change of beneficiary

This beneficiary designation applies to all life insurance benefits under the policy.

Beneficiary surname	Given name(s)	Date of birth	Relationship 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"/>
<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"/>

If the designated beneficiary is legal heirs or estate, please write in full "Legal heirs" or "Estate" and do not provide name(s), given name(s) or relationship to participant.

If more than one beneficiary is designated and if one of the beneficiaries dies before the participant, his/her share will be divided equally among the other designated beneficiaries. In accordance with the terms and the conditions of the above-mentioned group insurance policy, I, the undersigned, hereby revoke any previous designation of beneficiary and name the above-mentioned person as my beneficiary entitled to receive any amount payable under this policy upon my death. If this beneficiary predeceases me and I do not have a contingent beneficiary, the death benefit will be payable to my estate.

Participant signature Date

Contingent beneficiary designation

If all of my beneficiaries predecease me, I designate the following individual(s) as my beneficiary(ies).

Beneficiary surname	Given name(s)	Date of birth	Relationship 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"/>
<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"/>

Participant signature Date

Québec participants only (to be completed if beneficiary is your spouse - marriage or civil union)

In Québec, the designation of a spouse, excluding common-law spouse, as beneficiary is irrevocable unless otherwise specified. If you designate your spouse as beneficiary, Standard Life recommends that you make a revocable designation in order to facilitate any future request for a change of beneficiary. An irrevocable designation cannot be changed unless the beneficiary aged 18 or over signs a waiver of rights.

Please sign in the box corresponding to your choice **only if you designate your spouse as beneficiary.**

The beneficiary designation is **revocable**

The beneficiary designation is **irrevocable**

Participant signature **Or** Participant signature

Declaration appointing trustee (for minor beneficiary-does not apply to Québec*)

I hereby appoint as Trustee to receive any amount due to any beneficiary under legal age and I declare that the receipt from such Trustee shall be a valid discharge to Standard Life of the amount so paid. I also hereby authorize such Trustee at his/her discretion to apply on behalf of such beneficiary the whole or any portion of such amount and the income derived therefrom for the care, maintenance, education, advancement in life or other benefit of such beneficiary. *For the province of Québec, the provisions of the Civil code apply. Do not complete this part.

Participant signature Date

Authorization

In case of death, I expressly authorize the employer, the policyholder, the beneficiary, heir or liquidator of my estate to provide The Standard Life Assurance Company of Canada, when required by the latter, with all the information and authorizations permitting the assessment of the claim and the collection of evidence. This consent is valid for the purpose of this contract, or any modification, extension or reinstatement thereof.

A photocopy of this consent is valid as the original if it is used for information-sharing purposes.

Participant signature Date

For Standard Life use only Date received