

## Designation of revocable beneficiary/trustee appointment

Please return to Group Retirement Services

- This form is to designate a **revocable** beneficiary only. If you wish to designate an **irrevocable** beneficiary, use *Designation of irrevocable beneficiary* form.
- If there is an existing **irrevocable** beneficiary, the right to revoke the 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
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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 the following insured plan(s):

RRSP    RPP    DPSP    NRSP

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 member all my rights under the above-described plan.

Date	
Signature of irrevocable beneficiary	Signature of witness (person of at least age 18 not the plan member)

### PART B - TO DESIGNATE A REVOCABLE BENEFICIARY (please print)

Do not use this form to designate an irrevocable beneficiary. If the beneficiary or contingent beneficiary is under age 18, or otherwise lacks legal capacity, complete Part C below. (Not required if there is a written trust agreement.)

I revoke all previous designations of beneficiary, including any contingent beneficiary if applicable, to receive the benefits payable on my death under the above described plan.

I understand that the designations apply to all benefits under the plan unless applicable pension legislation requires payment to a spouse or common-law partner.

I designate the following person(s) to receive such benefits, reserving the right to revoke this beneficiary designation.

Full name of revocable beneficiary being appointed:	% of distribution:	Relationship to plan member:	Under 18
		<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%			

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. If there is no appointed or surviving contingent beneficiary, the entitlement will revert to my estate/successors.

Full name of contingent beneficiary being appointed:	Relationship to plan member:	Under 18
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Where the Civil Code of Quebec applies**, any designation of the plan member's spouse as beneficiary is irrevocable unless the plan member stipulates the designation to be revocable, by checking the box below. (The term "spouse" here means a married spouse or a civil union spouse.)

Where a beneficiary designation is irrevocable and while that beneficiary is living, the plan 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 rights under or in respect of, or otherwise deal with the plan.

I stipulate that the designation of my spouse is **revocable**

Signed at \_\_\_\_\_  
City                                  Province                                  Date

\_\_\_\_\_  
Date

**Signature of plan member**

Signature of witness (person over the age 18 and not a named beneficiary or trustee)

**PART C – TO APPOINT A TRUSTEE FOR BENEFICIARY LACKING LEGAL CAPACITY (please print)**

I revoke any previous trustee appointment and appoint:

Name of trustee:  
\_\_\_\_\_

Relationship to plan member:  
\_\_\_\_\_

as trustee to receive, in trust, all benefits payable to any beneficiary designated under this plan 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 London Life 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. The trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by, London Life 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 (in Québec: my tutor, curator, liquidator, or mandatary in the event of incapacity) may by writing appoint a new trustee to replace the former trustee.

**FOR QUEBEC ONLY** - Where this appointment is governed by Quebec law, "trustee" shall be understood as "administrator", and their related terms and concepts understood accordingly. This appointment shall be interpreted in accordance with the provisions governing the administration of the property of others, under the Civil Code of Quebec.

Signed at \_\_\_\_\_  
City Province Date  
\_\_\_\_\_

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

**Signature of plan member**

Signature of witness (person over the age 18 and not a named beneficiary or trustee)