



## Beneficiary(ies) for Death Benefits

### Beneficiary(ies) for Life Insured 1/Annuitant – for benefits payable upon death of the Life Insured/Annuitant (including any death benefit associated with a critical illness coverage)

<b>First name</b>	<b>Middle name</b>	<b>Last name or legal name of corporation/entity</b>		<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured/Annuitant*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
<b>First name</b>	<b>Middle name</b>	<b>Last name or legal name of corporation/entity</b>		<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured/Annuitant*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
<b>First name</b>	<b>Middle name</b>	<b>Last name or legal name of corporation/entity</b>		<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured/Annuitant*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
<b>First name</b>	<b>Middle name</b>	<b>Last name or legal name of corporation/entity</b>		<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured/Annuitant*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable

### Beneficiary(ies) for Life Insured 2 – for benefits payable upon death of the Life Insured (including any death benefit associated with a critical illness coverage)

<b>First name</b>	<b>Middle name</b>	<b>Last name or legal name of corporation/entity</b>		<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
<b>First name</b>	<b>Middle name</b>	<b>Last name or legal name of corporation/entity</b>		<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
<b>First name</b>	<b>Middle name</b>	<b>Last name or legal name of corporation/entity</b>		<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
<b>First name</b>	<b>Middle name</b>	<b>Last name or legal name of corporation/entity</b>		<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth   d   d   -   m   m   m   -   y   y   y   y	<input type="radio"/> equal shares OR <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable

### Trustee(s) for minor beneficiary(ies) named above

Name (first, middle, last name)	Name (first, middle, last name)
Name (first, middle, last name)	Name (first, middle, last name)

## Beneficiary(ies)/Direction(s) to Pay for Critical Illness Benefits\*\*

### Beneficiary(ies)/Direction(s) to Pay for Life Insured 1 (if other than the Owner) – for Critical Illness benefits payable while the Life Insured is alive.

<b>First name</b>	<b>Middle name</b>	<b>Last name or legal name of corporation/entity</b>	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth  d d - m m m - y y y y	<input type="radio"/> equal shares OR <input type="text"/> % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
<b>First name</b>	<b>Middle name</b>	<b>Last name or legal name of corporation/entity</b>	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth  d d - m m m - y y y y	<input type="radio"/> equal shares OR <input type="text"/> % <input type="radio"/> Revocable <input type="radio"/> Irrevocable

### Beneficiary(ies)/Direction(s) to Pay for Life Insured 2 (if other than the Owner) – for Critical Illness benefits payable while the Life Insured is alive.

<b>First name</b>	<b>Middle name</b>	<b>Last name or legal name of corporation/entity</b>	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth  d d - m m m - y y y y	<input type="radio"/> equal shares OR <input type="text"/> % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
<b>First name</b>	<b>Middle name</b>	<b>Last name or legal name of corporation/entity</b>	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth  d d - m m m - y y y y	<input type="radio"/> equal shares OR <input type="text"/> % <input type="radio"/> Revocable <input type="radio"/> Irrevocable

### Beneficiary(ies)/Direction(s) to Pay for Life Insured 1 – for Return of Premium benefits payable while the Life Insured is alive. Only applicable to Vital Link and Empire Life CI Protect Plus with the Return of Premium (on surrender or maturity) rider.

<b>First name</b>	<b>Middle name</b>	<b>Last name or legal name of corporation/entity</b>	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth  d d - m m m - y y y y	<input type="radio"/> Revocable <input type="radio"/> Irrevocable

### Beneficiary(ies)/Direction(s) to Pay for Life Insured 2 – for Return of Premium benefits payable while the Life Insured is alive. Only applicable to Vital Link and Empire Life CI Protect Plus with the Return of Premium (on surrender or maturity) rider.

<b>First name</b>	<b>Middle name</b>	<b>Last name or legal name of corporation/entity</b>	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to Life Insured*		Date of birth  d d - m m m - y y y y	<input type="radio"/> Revocable <input type="radio"/> Irrevocable

\*Relationship to the Life Insured/Annuitant, except in Quebec, specify relationship to the Owner.  
 \*\*Complete this section to designate a beneficiary(ies) to receive benefits payable under your Critical Illness policy/rider, where permitted by law (currently in QC, ON, MB, SK, AB and BC) or, where not permitted by law, to direct Empire Life to pay proceeds to which the Owner is entitled to another person.

## FOR TAX FREE SAVINGS ACCOUNT (TFSA) INVESTMENT CONTRACTS ONLY

### Successor Owner or Subrogated Policyholder (in Quebec)

**Must be your spouse/common-law partner.** Upon the death of the contract owner, the successor owner will automatically become the contract owner and the annuitant, and the contract will continue with no death benefit payable at that time.

<b>First name</b>	<b>Middle name</b>	<b>Last name</b>
Date of birth  d d - m m m - y y y y		

