# **BENEFICIARY DESIGNATION FORM**

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

# Use this form to:

Name or change the beneficiary on an existing policy/contract, or name additional beneficiaries as a supplement to a new application, including for critical illness coverages if permitted by law. Where beneficiary designations are not permitted by law for critical illness coverages, a direction to pay may be permitted.

Appoint a Successor Owner or Subrograted Policyholder in Quebec, for Tax Free Savings Account Investment contracts only.

If this form is being used as a supplement for a new application, the terms Owner(s), Life Insured and Annuitant refer to the proposed Owner(s), Life Insured(s) or Annuitant, as applicable.

If more than four beneficiaries are being designated for a Life Insured, complete and attach an additional page 2 for Death Benefits and an additional page 3 for Critical Illness Benefits, which will be deemed part of this form.

#### If an error is made, please have the Owner(s) strike out and initial the error, then make the correction. Do not erase or use liquid paper.

<ul> <li>Name or change beneficiary(ies) on existing p</li> <li>Name beneficiary(ies) as a supplement to a new</li> </ul>		
Application/policy/contract number(s)		
First name of Owner 1	Middle initial	Last name or exact name of corporation/entity
First name of Owner 2	Middle initial	Last name or exact name of corporation/entity
First name of Life Insured 1/Annuitant	Middle initial	Last name
First name of Life Insured 2	Middle initial	Last name

### Important information about designating a beneficiary:

If the contract is locked-in under pension legislation, the rights of the Annuitant's spouse/common-law partner may override this beneficiary designation. In order to effect a beneficiary designation, the applicable spousal waiver must be submitted where required by law.

If a beneficiary is not named for a Life Insured/Annuitant, or if all named beneficiaries predecease the Life Insured/Annuitant, any benefit that becomes payable will be paid to the Owner (if not the Life Insured/Annuitant) or the Owner's estate. **Percentages for all primary beneficiaries for each Life Insured/Annuitant must total 100%**. If you name more than one beneficiary and do not indicate a percentage share or "equal shares", you will be deemed to have indicated "equal shares".

A beneficiary cannot be designated for an Empire Life Disability Credit Protect coverage. Any monthly benefit payable under an Empire Life Disability Credit Protect coverage is payable to the policy owner. If there are two owners, the monthly benefit is payable to them jointly.

**Minors:** Benefits will not be paid directly to a minor beneficiary. Outside Quebec, you should name a trustee for a minor beneficiary and any benefits due to the beneficiary, while a minor, will be paid to the trustee on the beneficiary's behalf. In Quebec, benefits due to a beneficiary, while a minor, will be paid to the beneficiary's tutor(s) or legal guardian(s) unless you have appointed an administrator or established a formal trust. After the beneficiary reaches the age of majority, any benefits due to the beneficiary will be paid directly to the beneficiary unless you have established a formal trust and such trust is still in effect at the time the benefit is payable.

**Irrevocable/revocable designations:** A primary beneficiary designation is revocable unless you indicate "irrevocable". In Quebec, if a married or civil union spouse is named as primary beneficiary, the designation is irrevocable unless you indicate "revocable". If you designate a primary beneficiary as irrevocable, you cannot change or revoke the beneficiary or exercise rights and privileges such as withdrawals, assignments, or transferring ownership without the irrevocable beneficiary's written consent. If your policy/contract is governed by the laws of Nova Scotia and you designate a primary beneficiary as irrevocable beneficiary as irrevocable beneficiary Designation Supplement (INS-3207). An irrevocable beneficiary who is a minor cannot provide consent. Therefore, if an irrevocable beneficiary is a minor, you cannot change or revoke the beneficiary or exercise rights and privileges unless, where permitted by law, a court order is obtained.

**Contingent beneficiary:** A contingent beneficiary becomes the beneficiary if all of the primary beneficiaries have died before the Life Insured or Annuitant. **Percentages for all contingent beneficiaries for each Life Insured/Annuitant must total 100%**. **Contingent beneficiary designations are always revocable**.



Beneficiary(ies) for Death E	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)			
First name	Middle name	Last name or legal name of corporation/entity	<ul><li>Primary</li><li>Contingent</li></ul>
Relationship to Life Insured/Annu	itant*	Date of birth         O equal shares           d         -         m         m         -         y         y         y         OR         %	<ul><li>Revocable</li><li>Irrevocable</li></ul>
First name	Middle name	Last name or legal name of corporation/entity	<ul><li>Primary</li><li>Contingent</li></ul>
Relationship to Life Insured/Annu	itant*	Date of birth         O equal shares           d         d         -         m         m         -         y         y         y         OR         %	<ul><li>Revocable</li><li>Irrevocable</li></ul>
First name	Middle name	Last name or legal name of corporation/entity	<ul><li>Primary</li><li>Contingent</li></ul>
Relationship to Life Insured/Annu	itant*	Date of birth         O equal shares           d         -         m         m         -         y         y         y         OR         %	<ul><li>Revocable</li><li>Irrevocable</li></ul>
First name	Middle name	Last name or legal name of corporation/entity	<ul><li>Primary</li><li>Contingent</li></ul>
Relationship to Life Insured/Annu	Relationship to Life Insured/Annuitant*       Date of birth       O equal shares         d       d       -       m       m       -       y       y       y       OR       %		<ul><li>Revocable</li><li>Irrevocable</li></ul>
Beneficiary(ies) for Life Insured (including any death benefit as		able upon death of the Life Insured cal illness coverage)	
First name	Middle name	Last name or legal name of corporation/entity	<ul> <li>Primary</li> <li>Contingent</li> </ul>
Relationship to Life Insured*		Date of birth         O equal shares           d         -         m         m         -         y         y         y         OR         %	<ul><li>Revocable</li><li>Irrevocable</li></ul>
First name	Middle name	Last name or legal name of corporation/entity	<ul><li>Primary</li><li>Contingent</li></ul>
Relationship to Life Insured*		Date of birth         O equal shares           d         d         -         m         m         -         y         y         y         OR         %	<ul><li>Revocable</li><li>Irrevocable</li></ul>
First name	Middle name	Last name or legal name of corporation/entity	<ul><li>Primary</li><li>Contingent</li></ul>
Relationship to Life Insured*		Date of birth         O equal shares           d         d         -         m         m         -         y         y         y         OR         %	<ul><li>Revocable</li><li>Irrevocable</li></ul>
First name	Middle name	Last name or legal name of corporation/entity	<ul><li>Primary</li><li>Contingent</li></ul>
Relationship to Life Insured*	·	Date of birth         O equal shares           d         d         -         m         m         -         y         y         y         OR         %	<ul><li>Revocable</li><li>Irrevocable</li></ul>

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 Life Insured is alive.	on(s) to Pay for Life Insured 1	L (if other than the Owner) – for Critical Illness benefits payable while	the	
First name	Middle name	Last name or legal name of corporation/entity	nary ntingent	
Relationship to Life Insure	:d*		ocable /ocable	
First name	Middle name	Last name or legal name of corporation/entity         O Prim           O Con         O Con	nary ntingent	
Relationship to Life Insure	d*		ocable /ocable	
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.				
First name	Middle name	Last name or legal name of corporation/entity	nary ntingent	
Relationship to Life Insure	d*		ocable /ocable	
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First name	Middle name	Last name or legal name of corporation	<ul> <li>Primary</li> <li>Contingent</li> </ul>	
Relationship to Life Insured*		Date of birth d d - m m m - y y y y	<ul> <li>equal shares</li> <li>OR</li> <li>%</li> </ul>	<ul> <li>Revocable</li> <li>Irrevocable</li> </ul>

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.

First name	Middle name	Last name or legal name of corporation/entity		<ul> <li>Primary</li> <li>Contingent</li> </ul>
Relationship to Life Insured*			Date of birth d d - m m m - y y y y	<ul><li>Revocable</li><li>Irrevocable</li></ul>

			benefits payable while the Life Insured is emium (on surrender or maturity) rider	
First name	Middle name	-		<ul><li>Primary</li><li>Contingent</li></ul>
Relationship to Life Insured*			Date of birth	○ Revocable

O 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.

First name	Middle name	Last name
Date of birth		
d d - m m m - y y y y		

Declaration and Authorization
Please read the following carefully as you may be revoking previously named beneficiaries or previous directions to pay by signing this form. By signing below I:
<ul> <li>revoke any former beneficiary designation or directions to pay I have made for the policy(ies)/contract(s) if, by this form, I am changing the beneficiary(ies) I previously designated to receive, or I am changing the persons to whom I previously directed payment of, the benefits noted above.</li> </ul>
<ul> <li>authorize Empire Life to carry out the above-mentioned designations(s)/direction(s) for payment in keeping with the rights, terms and conditions of the policy(ies)/contract(s).</li> </ul>
• understand that Empire Life may use third party service providers located inside or outside of Canada to process and store my personal information. Personal information that is processed or stored in another jurisdiction may be subject to the laws of that jurisdiction, which may allow disclosure to courts, law enforcement or other government authorities of that jurisdiction under certain circumstances.
To access a copy of the most recent Empire Life Privacy Policy, please visit the Empire Life website at www.empire.ca. A photocopy or image of the signed Declaration and Authorization will be as valid as the original.
<pre>Signature of Owner 1 (or first authorized signature for a corporate Owner) X</pre>
First name     Last name     Title, if signing for a corporation
Signature of Owner 2 (for corporate or joint Owner) OR O Only one signing authority to bind corporation/entity
First name     Last name     Title, if signing for a corporation
Signature of irrevocable/preferred beneficiary(ies) (if applicable). I hereby give my consent to the beneficiary designation(s) or change(s) to the direction(s) to pay made in this form. If this request is to change the beneficiary on an existing policy/contract, I hereby relinquish my rights as beneficiary.
Signature of Assignee (if applicable) I hereby give my consent to the beneficiary designation(s) or change(s) to the direction(s) to pay made in this form. X
Signature of witness (other than beneficiary) X
First name of witness     Last name
Signed at (city and province)         Date           Image: Ima

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