BENEFICIARY DESIGNATION FORM

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

Use this form to:

Reset Form

Name or change the beneficiary on an existing policy/contract or name additional beneficiaries or as a supplement to a new application.

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 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.

◯ **Change beneficiary(ies) on existing policy(ies)/contract(s)**	◯ **Name beneficiary(ies) as a supplement to a new application**
Policy/contract/application number(s)	
First name of Owner 1	Last name or exact name of corporation/entity
First name of Owner 2	Last name or exact name of corporation/entity
First name of Life Insured 1/Annuitant	Last name
First name of Life Insured 2	Last name

Who will be the beneficiary(ies)?

If the contract is locked-in under pension legislation, the rights of the annuitant's spouse/common-law partner may override this beneficiary designation. If you name more than one beneficiary and do not indicate a percentage share, any death benefit payable will be divided equally among all surviving beneficiaries. If the annuitant is not the owner and no beneficiary is named, the beneficiary will default to the owner, otherwise to the estate of the annuitant.

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.

Irrevocable/revocable Designations:
A beneficiary designation is revocable unless you check the irrevocable box. In Québec, a spouse is irrevocable unless you check the revocable box. If you designate a 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 signature. If the irrevocable beneficiary is a minor, you cannot change or revoke the beneficiary or exercise rights and privileges until the minor reaches the age of majority.

Minors:
Death benefits will not be paid directly to a minor beneficiary. Outside Quebec, you should name a trustee for a minor beneficiary and any death benefits due to the beneficiary, while a minor, will be paid to the trustee on their behalf. In Quebec, death benefits due to a beneficiary, while a minor, will be paid to their parent(s) or legal guardian unless you have established a formal trust. After the beneficiary reaches the age of majority, any death 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 death benefit is due.

Multiple beneficiaries:
If you name more than one beneficiary and do not indicate a percentage share, the benefits will be divided equally among all surviving beneficiaries. **Percentages for all primary beneficiaries for each Life Insured/Annuitant must total 100%.**

Contingent beneficiary:
A contingent beneficiary will only become a primary beneficiary if all of the primary beneficiary(ies) have died before the Life Insured(s) or Annuitant, as applicable. **Percentages for all contingent beneficiaries for each Life Insured/Annuitant must total 100%. Contingent beneficiary designations are always revocable.**

Empire Life

Beneficiary(ies) for Death Benefits

Beneficiary(ies) for Annuitant/ Life Insured 1 – for Benefits payable upon death of the Life Insured (Including under any critical illness coverage)

Name (first, middle, last name or legal name of corporation/entity)		Relationship*	◯ equal shares OR ◯ as follows:	Designation
	◯ Primary ◯ Contingent			◯ Revocable ◯ Irrevocable
	◯ Primary ◯ Contingent			◯ Revocable ◯ Irrevocable
	◯ Primary ◯ Contingent			◯ Revocable ◯ Irrevocable
	◯ Primary ◯ Contingent			◯ Revocable ◯ Irrevocable

Beneficiary(ies) for Life Insured 2 – for Benefits payable upon death of the Life Insured (Including under any critical illness coverage)

Name (first, middle, last name or legal name of corporation/entity)		Relationship*	◯ equal shares OR ◯ as follows:	Designation
	◯ Primary ◯ Contingent			◯ Revocable ◯ Irrevocable
	◯ Primary ◯ Contingent			◯ Revocable ◯ Irrevocable
	◯ Primary ◯ Contingent			◯ Revocable ◯ Irrevocable
	◯ Primary ◯ Contingent			◯ Revocable ◯ Irrevocable

Trustee(s) for minor beneficiary(ies) named above (To name additional Trustee(s), please attach a separate signed letter of direction.)

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

Beneficiary(ies) for Critical Illness Benefits**

Beneficiary for Life Insured 1 (if other than the owner) – for Critical Illness benefits payable while the Life Insured is alive.

Name (first, middle, last name or legal name of corporation/entity)		Relationship*	◯ equal shares OR ◯ as follows:	Designation
	◯ Primary ◯ Contingent			◯ Revocable ◯ Irrevocable
	◯ Primary ◯ Contingent			◯ Revocable ◯ Irrevocable

Beneficiary for Life Insured 2 (if other than the owner) – for Critical Illness benefits payable while the Life Insured is alive.

Name (first, middle, last name or legal name of corporation/entity)		Relationship*	◯ equal shares OR ◯ as follows:	Designation
	◯ Primary ◯ Contingent			◯ Revocable ◯ Irrevocable
	◯ Primary ◯ Contingent			◯ Revocable ◯ Irrevocable

Beneficiary for Life Insured 1 – for Return of Premium (ROP) benefits payable while the Life Insured is alive. (Applicable to Vital Link and CI Protect Plus with the Return of Premium rider only.)

Name (first, middle, last name or legal name of corporation/entity)		Relationship*	Designation
	◯ Primary ◯ Contingent		◯ Revocable ◯ Irrevocable

Beneficiary for Life Insured 2 – for Return of Premium (ROP) benefits payable while the Life Insured is alive. (Applicable to Vital Link and CI Protect Plus with the Return of Premium rider only.)

Name (first, middle, last name or legal name of corporation/entity)		Relationship*	Designation
	◯ Primary ◯ Contingent		◯ Revocable ◯ Irrevocable

*Relationship to the Life Insured, except in Quebec, relationship to the Owner.

**Complete this section to designate a beneficiary(ies) to receive benefits under your Critical Illness policy/rider, where permitted by law (currently in QC, ON, MB, SK, AB and BC).

Declaration and Authorization

Please read the following carefully as you may be revoking previously named beneficiaries.

By signing below I:

- revoke any former beneficiary designation I have made for the policy(ies)/contract(s) if, by this form, I am changing the beneficiary(ies)I previously designated for the policy(ies)/contract(s) or benefits noted above, notwithstanding any provision in my contract to the contrary and revoke any previous direction to pay.
- authorize Empire Life to carry out the above-mentioned transaction(s) in keeping with the rights, terms and conditions of the policy(ies)/contract(s).
- understand that Empire Life may use third party service providers located inside or outside of Canada to process and store my personal information. 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.

Signature of Owner (or first authorized signature for a corporate Owner)

X

First name	Last name	Title, if signing for a corporation

Signature of Owner 2 (for corporate or joint Owner) **OR** ○ **Only one signing authority to bind corporation/entity**

X

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 above change.**
If this request is to change the beneficiary on an existing policy/contract, I hereby relinquish my rights as beneficiary.

X

Signature of Assignee (if applicable) **I hereby give my consent to the above change.**

X

Signature of witness (other than beneficiary)

X

First name of witness	Last name

Signed at (city and province)	Date
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