IRREVOCABLE BENEFICIARY DESIGNATION SUPPLEMENT (NOVA SCOTIA ONLY)

Use this form to complete an irrevocable beneficiary designation:

- in a new application signed in the province of Nova Scotia; or
- for an existing contract governed by the laws of the Province of Nova Scotia. A Beneficiary Designation Form (D-0017) must also be completed.

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

Application/policy/contract number									
First name of Owner 1	Middle initial	Last name or exa	ct name of c	orporation	n/entity				
First name of Owner 2	Middle initial	Last name or exa	ct name of c	orporation	n/entity				
First name of Life Insured 1/Annuitant Middle init		Last name							
First name of Life Insured 2	Middle initial	Last name							
Irrevocable Beneficiary(ies) for Life Insured 1/Annuitant									
First name	Middle name	La:	st name or ex	xact name	of corpo	oration/	entity		
Relationship to Life Insured/Annuitant Date of birth									
				d d	- m m	m -	У	У	у
First name	Middle name		st name or ex	xact name	of corpo	oration/	entity		
Relationship to Life Insured/Annuitant	Date of birth								
				d d	- m m	m -	У	У	у
Irrevocable Beneficiary(ies) for Life Ins	ured 2								
First name	Middle name	Las	st name or ex	act name	of corpo	ration/	entity		
Relationship to Life Insured			Date of b	irth					
				d d	- m m	m -	У	У	у
First name	Middle name	Las	Last name or exact name of corporation/entity						
Relationship to Life Insured Date of birth									
				d d	- m m	m -	у	У	у у



Owner Declaration and Acknowledgement								
In this section "Insurance Act" means the Insurance Act of the Province of Nova Scotia.								
I understand that the effect of my designating a beneficiary irrevocably is that, under the provisions of the <i>Insurance Act</i> , while the beneficiary is living, I may not alter or revoke the designation without the consent of the beneficiary and I may not assign, exercise rights under or in respect of, surrender or otherwise deal with the contract without the consent of the beneficiary.								
A photocopy or image of the signed Declaration and Acknowledgement will be as valid as the original.								
Signature of Owner 1 (or first authorized signature for a corporate Owner)								
First name Last name	Title, if signing for a corporation							
Signature of Owner 2 (for a corporate or joint Owner) OR Only one signing authority to bind corporation/entity								
First name Last name	Title, if signing for a corporation							
Date								
Advisor Certification								
In this section "the insured", "he" and "him" means the Owner. I certify that I have fully explained to the insured the nature and effect of making an irrevocable designation of beneficiary and such explanation was given to the insured not in the presence of the beneficiary and that the insured indicated that he was aware of the irrevocable nature of the designation so made by him. A photocopy or image of the signed Certification will be as valid as the original.								
Signature of Advisor	Advisor code							
Advisor first name Last name								
Signed at (city and province)	Date							

Send the completed form to:

By mail: **By fax:** 1 800 920-5868

Empire Life By email:

259 King St East insurance@empire.ca for an insurance contract Kingston ON K7L 3A8 investments@empire.ca for an investment contract

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