IRREVOCABLE BENEFICIARY DESIGNATION SUPPLEMENT (NOVA SCOTIA ONLY) FOR CANOE EL PROTECTION PORTFOLIOS CONTRACTS

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 for Canoe EL Protection Portfolios Contracts (Canoe-D-0017) must also be completed.**

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

Reset Form

Application/contract number		
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 annuitant	Middle initial	Last name

Irrevocable Beneficiary(ies)

First name	Middle name	Last name or exact name of corporation/entity
Relationship to annuitant		Date of birth (d d - m m m - y y y y)
First name	Middle name	Last name or exact name of corporation/entity
Relationship to annuitant		Date of birth (d d - m m m - y y y y)

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 *Insurance Act*, 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)

X

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**

X

First name	Last name	Title, if signing for a corporation
Signed at (city and province)		Date (d d - m m m - y y y y)

Canoe FINANCIAL | Empire Life

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 **X**	Advisor code
Advisor first name	Last name
Signed at (city and province)	Date d d - m m m - y y y y

Send the completed form to:

By mail:
Empire Life
259 King St East
Kingston ON K7L 3A8

By fax: 1 800 920-5868

By email: investments@empire.ca

Canoe FINANCIAL | Empire Life

Contracts are issued by The Empire Life Insurance Company ("EL").

PROTECTION PORTFOLIO, PROTECTION PORTFOLIOS, and EL are trademarks of The Empire Life Insurance Company. EMPIRE LIFE, and the Empire Life logo are registered trademarks of The Empire Life Insurance Company. CANOE, and Canoe Financial and Design are registered trademarks of Canoe Financial LP and used under license.