

BENEFICIARY DESIGNATION FORM FOR CANOE EL PROTECTION PORTFOLIOS CONTRACTS

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

Use this form to:

Name or change the beneficiary on an existing contract, or name additional beneficiaries as a supplement to a new application. If this form is being used as a supplement for a new application, the terms owner(s) and annuitant refer to the proposed owner(s) or annuitant, as applicable.

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

If more than four beneficiaries are being designated, complete and attach an additional page 2, 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.

<input type="radio"/> Name or change beneficiary(ies) on existing contract(s) <input type="radio"/> Name beneficiary(ies) as a supplement to a new application	
Application/contract 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 annuitant	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 the annuitant, or if all named beneficiaries predecease the annuitant, any benefit that becomes payable will be paid to the owner (if not the annuitant) or the owner's estate. **Percentages for all primary beneficiaries 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".

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 contract is governed by the laws of Nova Scotia and you designate a primary beneficiary as irrevocable you must also complete the Irrevocable Beneficiary Designation Supplement for Canoe EL Protection Portfolios Contracts (Canoe-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 annuitant. **Percentages for all contingent beneficiaries must total 100%. Contingent beneficiary designations are always revocable.**



Beneficiary(ies)

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

*Relationship to annuitant, except in Quebec, specify relationship to the owner.

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.

By signing below I:

- revoke any former beneficiary designation I have made for the contract(s) if, by this form, I am changing the beneficiary(ies) I previously designated to receive the benefits noted above.
- authorize Empire Life to carry out the above-mentioned designation(s) in keeping with the rights, terms and conditions of the 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. 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.

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 beneficiary designation(s) made in this form. If this request is to change the beneficiary on an existing contract, I hereby relinquish my rights as beneficiary.**

X

Signature of Assignee (if applicable) **I hereby give my consent to the beneficiary designation(s) made in this form.**

X

Signature of witness (other than beneficiary)

X

First name of witness

Last name

Signed at (city and province)

Date



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