

## Designation of revocable beneficiary/trustee appointment

Return to Great-West Life, Group Retirement Services

1-800-724-3402

- This form is to designate a revocable beneficiary where permitted by law. To designate an irrevocable beneficiary, use the *Designation of irrevocable beneficiary* form. As an exception, **where Quebec law applies**, any designation of a plan member's spouse as beneficiary is irrevocable unless stipulated otherwise below – see box in Part B.
- If there is an existing **irrevocable** beneficiary, the right to revoke the existing beneficiary designation will not apply unless the irrevocable status is removed by completing Part A.

### EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor	Policy/plan number(s)
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### MEMBER INFORMATION (please print)

Last name	Initial	First name	Certificate/social insurance number
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This beneficiary designation and/or trustee appointment will apply to:

- All retirement, savings and income plans under the policy/plan number(s) identified above (and sponsored by the employer/plan sponsor identified)

If you wish to make a specific designation to one or more plans, please indicate below:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Registered Retirement Savings Plan (RRSP)                                    | <input type="checkbox"/> Registered Pension Plan (RPP)   | <input type="checkbox"/> Deferred Profit Sharing Plan (DPSP) |
| <input type="checkbox"/> Non-registered Savings Plan (NRSP)   | <input type="checkbox"/> Tax-free Savings Account (TFSA) | <input type="checkbox"/> Employee Profit Sharing Plan (EPSP) |
| <input type="checkbox"/> Pooled Registered Pension Plan/Voluntary Retirement Savings Plan (PRPP/VRSP) |  |  |
| <input type="checkbox"/> Other (indicate plan type): _____  |  |  |

If more than one plan is selected and the beneficiary is not **exactly** the same for each plan, complete a separate form for each plan.

### PART A – TO REMOVE AN EXISTING IRREVOCABLE BENEFICIARY

I transfer to the plan member all my rights under the above-described plan(s).

Date	
Signature of irrevocable beneficiary	Signature of witness (person who is not a minor and not the plan member)

### PART B – TO DESIGNATE A REVOCABLE BENEFICIARY (complete Part C if applicable)

I revoke all previous designations of revocable beneficiary, including any contingent beneficiary if applicable, to receive the benefits payable on my death under the above described plan(s) and appoint:

#### Primary beneficiary(ies)

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to me				% of benefit
			Married	Quebec civil union spouse	Common-law partner	Specify under Other (child, friend, etc.)	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Total 100%

Unless the law requires otherwise, if one of my primary beneficiaries predeceases me, their share will be paid to the surviving primary beneficiaries in equal shares, or if there is no surviving primary beneficiary(ies), to my contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the benefit will be paid to my estate.

#### Contingent beneficiary(ies)

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to me	% of benefit

Total 100%

These designations are for all benefits payable under the plan unless pension legislation or the terms of the plan require payment to my spouse or common-law partner.

#### Where Quebec law applies:

- **If I designate my married or civil union spouse as my beneficiary**, they will be irrevocable unless I check the box below. If not, restrictions will apply, unless I obtain the consent of my spouse. For example, I will be prevented from changing my beneficiary, making withdrawals (where permitted) or exercising certain other rights. I designate my married or civil union spouse as my revocable beneficiary.
- **Where a minor beneficiary or a person who lacks legal capacity resides in Quebec** - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to their tutor(s) or curator, unless a valid trust has been established for the benefit of the beneficiary, by will or by separate contract, to receive any such payment and the issuer has been provided notice of the trust. If a trust has already been established, designate the trust as the beneficiary in this section. **Before designating a trust, legal advice should be sought.**

**Designation of revocable beneficiary/trustee appointment (continued)**

**PART C – TO APPOINT A TRUSTEE FOR BENEFICIARY LACKING LEGAL CAPACITY (to be completed if any of the beneficiaries named on this form are minors or otherwise lack legal capacity AND DO NOT RESIDE IN QUEBEC)**

**Do not complete if the member has created a formal trust agreement.**

I revoke any previous trustee appointment(s) and appoint:

Full name of trustee being appointed (last name, then first):	Trustee for (indicate beneficiary name)	Relationship of trustee to me:

as trustee to receive, in trust, all benefits payable to any beneficiary designated under the plan(s) who, at the time benefits are paid, is a minor or lacks legal capacity to give a valid discharge according to the laws of the beneficiary's domicile. Payment of benefits to the trustee discharges the issuer to the extent of the payment. I authorize the trustee in their sole discretion to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the plan(s). The trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by, the issuer or its affiliated financial institutions. The trust for any beneficiary will terminate once that beneficiary is both of age of majority and has legal capacity to give a valid discharge. I direct the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. I or my personal representative may by writing appoint a new trustee to replace the former trustee.

**SIGNATURES**

Signed at \_\_\_\_\_  
City Province

**Signature of plan member**

\_\_\_\_\_  
Date

**Signature of witness**  
(person who is not a minor and not a named beneficiary or trustee)

References to the issuer in this form may include London Life Insurance Company, The Canada Life Assurance Company, The Great-West Life Assurance Company and/or Investors Group Trust Co. Ltd., as applicable.