



TO: Human Resources Service Centre
 688 Sherbrooke St. West, Suite 1520
 Montreal, Qc H3A 3R1

**MCGILL UNIVERSITY GROUP LIFE INSURANCE PLAN
 NOTICE OF CHANGE OF BENEFICIARY**

POLICY 98500

MEMBER INFORMATION (Please print)

Last Name	First Name	McGill ID No.
Phone No.	Email Address:	

BENEFICIARY DESIGNATION (Please print)

You can name one or more individuals to receive your Basic and Optional Life Insurance benefits (eg. Spouse, Estate, Family member). When designating a beneficiary, you must indicate whether the designation is 'revocable' or 'irrevocable'.

In Quebec, if you name your spouse as beneficiary (married or civil union), this beneficiary will be 'irrevocable' unless you indicate 'revocable' in the box below. The designation of any other beneficiary is revocable, unless you specify that it is irrevocable.

An irrevocable beneficiary designation can only be changed following the beneficiary's death (copy of death certificate is required), as a result of a divorce (copy of divorce decree is required) or with the beneficiary's written consent (see below). Please include supporting documentation with this form.

If you name multiple primary beneficiaries, the total percentage shares must be equal to 100% (do not indicate dollar amounts). Enter additional beneficiaries on a separate piece of paper and attach to this form.

If designating an individual, please show all given names of the beneficiary. Please specify the relationship that you have to the individual to ensure that there will be no difficulty in identifying the proper person in the event of your death.

I hereby revoke all previous beneficiary designations and appoint the following person(s) as beneficiary of my life insurance benefit.

Last Name, First Name	Date of birth (YMD)	Relationship	%	
		<input type="checkbox"/> Married or civil union <input type="checkbox"/> Common-law <input type="checkbox"/> Other _____		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
		<input type="checkbox"/> Married or civil union <input type="checkbox"/> Common-law <input type="checkbox"/> Other _____		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

CONSENT OF IRREVOCABLE BENEFICIARY (The irrevocable beneficiary's written consent is required in order to change the designation. Note: the irrevocable beneficiary must have attained the age of majority to provide his/her consent; the plan member or the newly designated beneficiary may not serve as a witness.)

I, the undersigned, irrevocable beneficiary under the above-numbered Group Policy, hereby assign, transfer and set over all my rights, title and interest in the aforesaid policy to the Life Insured. I hereby declare that I am of legal age.

Name of irrevocable beneficiary _____ Signature _____
 (please print)

Name of witness _____ Signature _____
 (please print)

Signed on _____, 20_____
 (date)

MEMBER SIGNATURE (Print form and sign. Mail the original form with the original signature to the Human Resources Service Centre.)

I confirm that the information contained in this form is true and complete, and have included all required supporting documentation. I understand that McGill University and their officers and employees assume no responsibility for the validity of any beneficiary designation.

Member's signature _____ Date _____
 Year Month Day