

**Designation of revocable beneficiary/trustee appointment**



Return to Great-West Life, Group Retirement Services

PO Box 7200 Stn. Main, Winnipeg, MB R3C 4W4

- This form is to designate a **revocable** beneficiary only. If you wish to designate an **irrevocable** beneficiary, use *Designation of irrevocable beneficiary* form.
- If there is an existing **irrevocable** beneficiary, the right to revoke the beneficiary designation will not apply unless the irrevocable status is removed by completing Part A.

**EMPLOYER/PLAN SPONSOR INFORMATION**

Name of employer/plan sponsor <b>ABC COMPANY</b>	Policy/plan number <b>12345</b>
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**MEMBER INFORMATION (please print)**

Last name <b>SMITH</b>	Initial	First name <b>BOBBY</b>	Certificate / Social insurance number <b>123-456-789</b>
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This beneficiary designation and/or trustee appointment will apply to the following insured plan(s):

- RRSP  RPP  DPSP  NRSP

If you select more than one plan 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.

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 (please print)**

All beneficiary designations are revocable except a designation where :

- a *Designation of irrevocable beneficiary* form is completed; or
- the **Civil Code of Quebec** applies and the beneficiary is the plan member's spouse (designated without stipulation of revocability) – see box below.

**This section is for Quebec only – Where the Civil Code of Quebec applies**, any designation of a plan member's spouse as beneficiary is irrevocable unless the plan member stipulates the designation to be revocable, by checking the box below. ("spouse" here means married spouse or civil union spouse) Where a beneficiary designation is irrevocable and while that beneficiary is living, the plan member may not, without the consent of the beneficiary (who must be of legal age to give consent), alter or revoke the designation, assign, surrender, exercise rights under or in respect of, or otherwise deal with the contract.

- I stipulate that whenever in this application my spouse (see above definition) is designated as beneficiary, that designation is **revocable**.

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. I understand that the designations are for all benefits payable under the plan unless applicable pension legislation requires payment to a spouse or common-law partner. In those cases, all benefits payable will be paid to the plan member's spouse or common law partner as of the date of entitlement, and a separate beneficiary designation naming the plan member's spouse or common law partner as beneficiary is not required. I designate the following person(s) to receive such benefits and reserve the right to revoke any and all revocable beneficiary designations

Last name of beneficiary	First name	% of distribution	Relationship to plan member	Gender	Minor
SMITH	EDNA	25%	DAUGHTER	<input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> No
SMITH	MARY	25%	DAUGHTER	<input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> No
SMITH	BOBBY JR	50%	SON	<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total 100%					

Unless the law requires otherwise, the entitlement of any beneficiary who predeceases me will revert to any surviving beneficiaries in equal shares, or if there is no surviving beneficiary, to my contingent beneficiary. If there is no appointed or surviving contingent beneficiary, the entitlement will revert to my estate/successors.

**Contingent beneficiary** – If all of the above beneficiaries die before me, the death benefit set out in the plan is to be paid to:

Last name of contingent beneficiary <b>SMITH</b>	First name <b>MARKUS</b>	Relationship to plan member <b>BROTHER</b>	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Minor <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**Minor beneficiary or contingent beneficiary appointment** - If the beneficiary is a minor, or otherwise lacks legal capacity, complete Part C below (Not required if there is a written trust agreement).

Signed at **WINNIPEG MB** **04/01/09**  
City Province Date

Signature of plan member  
*Bobby Smith*

Date  
**Chris Smith**

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

**PART C – TO APPOINT A TRUSTEE FOR BENEFICIARY LACKING LEGAL CAPACITY (please print)**

I revoke any previous trustee appointment and appoint:

\_\_\_\_\_  
First and last name of trustee:  
\_\_\_\_\_

\_\_\_\_\_  
Relationship to plan member:  
\_\_\_\_\_

as trustee to receive, in trust, all benefits payable to any beneficiary designated under this plan 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 London Life to the extent of the payment. I authorize the trustee in his or her 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. The trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by, London Life 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 (in Québec: my tutor, curator, liquidator, or mandatary in the event of incapacity) may by writing appoint a new trustee to replace the former trustee.

**FOR QUEBEC ONLY** – Where this appointment is governed by Quebec law, "trustee" shall be understood as "administrator", and their related terms and concepts understood accordingly. This appointment shall be interpreted in accordance with the provisions governing the administration of the property of others, under the Civil Code of Quebec.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of plan member

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