

# CHANGE OF BENEFICIARY AND NAME FORM

Please print clearly. Complete the form in ink, sign and date the form and return to your plan administrator for processing.

## INSTRUCTIONS

- Member:
1. Complete sections 1 through 5 if applicable.
  2. Sign section 4, if applicable.
  3. Sign and date the form (section 6).
  4. Send original signed form to Coughlin & Associates Ltd. for processing.

Mail to:  
Coughlin & Associates Ltd.  
PO Box 3517 Station C  
Ottawa, ON K1Y 4H5

1. PLAN MEMBER INFORMATION				
Policy: 87032G			ID number	
Member last name		Member first name		Member middle initial
Mailing address			City	Province
Email address			Primary telephone	Secondary telephone
Date of birth (yyyy/mm/dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language of correspondence	<input type="checkbox"/> English <input type="checkbox"/> French	
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Common-law <input type="checkbox"/> Married	Provide effective date of marital status (yyyy/mm/dd) _____ If common-law, confirm date of co-habitation (yyyy/mm/dd) _____

2. APPOINTMENT OF NEW BENEFICIARY				
This section must be completed to designate a beneficiary for your life benefits, if applicable.				
If you do not nominate a beneficiary, the proceeds will be paid to your estate. You are responsible for ensuring the validity of your designation.				
Revocable: means that the designation of a beneficiary can be changed without the beneficiary's consent.				
Irrevocable: means that the designation of a beneficiary cannot be changed without the written consent of the beneficiary and unless certain requirements are met. The irrevocable designation of a minor cannot be changed until they reach the age of majority.				
<b>Quebec residents:</b> Unless otherwise specified, the designation of a legal spouse or spouse joined in a civil union as beneficiary is IRREVOCABLE. Unless otherwise specified, the designation of any other person as beneficiary is REVOCABLE. I hereby make the below beneficiary designation: <input type="checkbox"/> Revocable, I may change this beneficiary designation at any time.				
<b>All other provinces:</b> The designation of beneficiary is REVOCABLE unless otherwise specified by completing the "IRREVOCABLE BENEFICIARY DESIGNATION FORM".				
I hereby revoke all previous beneficiary designations and designate the following as beneficiary(ies), where permitted by law:				
Beneficiary last name	Beneficiary first name	Beneficiary date of birth (yyyy/mm/dd)	Relationship to plan member	Percentage %
Beneficiary last name	Beneficiary first name	Beneficiary date of birth (yyyy/mm/dd)	Relationship to plan member	Percentage %
Beneficiary last name	Beneficiary first name	Beneficiary date of birth (yyyy/mm/dd)	Relationship to plan member	Percentage %
Beneficiary last name	Beneficiary first name	Beneficiary date of birth (yyyy/mm/dd)	Relationship to plan member	Percentage %
Beneficiary last name	Beneficiary first name	Beneficiary date of birth (yyyy/mm/dd)	Relationship to plan member	Percentage %
				<b>TOTAL 100%</b>

3. TRUSTEE APPOINTMENT (not applicable to Quebec residents)	
Complete this section if any designated beneficiary(ies) is/are under the age of majority or lack legal capacity. This section is not applicable to Quebec residents where appointments are governed by the Quebec Civil Code.	
I appoint _____ as Trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group benefits plan where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will release Coughlin & Associates Ltd., the plan sponsor, and the insurance company from any further liability.	

4. PLAN MEMBER NAME CHANGE			
Please provide a copy of one piece of identification confirming your name change.			
I hereby request that the plan's records reflect my change of name.			
<b>FROM:</b>			
Member last name	Member first name	Member middle initial	Former signature
<b>TO:</b>			
Member last name	Member first name	Member middle initial	New signature

5. BENEFICIARY NAME CHANGE			
Please use this section <b>ONLY</b> when you are reporting a change in your current beneficiary's name. Use the "APPOINTMENT OF NEW BENEFICIARY" section when naming a new beneficiary.			
I hereby request that the plan's records reflect my present beneficiary's name change.			
<b>FROM:</b>			
Beneficiary last name	Beneficiary first name	Beneficiary middle initial	Relationship to plan member
<b>TO:</b>			
Beneficiary last name	Beneficiary first name	Beneficiary middle initial	Relationship to plan member

**6. AGREEMENT AND AUTHORIZATION TO COLLECT, USE, AND DISCLOSE PERSONAL INFORMATION**

**Agreement and Authorization.** By signing this form:

1. You authorize us, Coughlin & Associates Ltd. ("Plan Administrator"), a People Corporation company, to use and disclose the information you provide in this form as described below. You also agree to notify us immediately of any changes to the information you provide in this form.
2. You certify that the information you have provided is true, correct, and complete to the best of your knowledge and you certify that, if you have provided information about a beneficiary or trustee, you are authorized to provide such information. You agree that a photocopy or electronic copy of your signed form is as valid as the original.

**Use of personal information.**

1. We use and disclose plan member information to:
  - (a) Comply with regulatory requirements, and for analytical purposes.
  - (b) Verify identities of named individuals and conduct searches to locate them.
  - (c) Respond to questions about your benefit plan ("Plan") and benefits under the Plan
2. We use and disclose date of birth and gender information when necessary to verify identity.

**Use of optional personal information.** If you provide any of the information described below, you may withdraw your consent for us to use and disclose this information by sending your request in writing to the Plan Administrator or our Privacy Officer using the contact information below.

1. If you provide beneficiary information, any benefits paid on your death that are not required to be paid to your spouse, will be paid to the specified beneficiaries or trustees, or as required under Quebec law, if applicable. If you do not provide the beneficiary information, the death benefits will be paid to your estate.

**Disclosing personal information.** The information provided in this form may be disclosed, when necessary, to:

1. Our and our affiliates' employees, contractors, and professional advisors who require the information to perform their duties related to the uses of personal information described above.
2. Service providers we retain to assist us with our obligations related to the Plan, which may include security of information, data processing, backup and programming, mailing, and people locating. Service providers may be located within or outside of Canada and the information may be subject to disclosure to government authorities.
3. Persons you authorize to access this information.
4. Persons legally authorized to view this information.
5. Government agencies, actuaries, insurance companies and their reinsurers and service providers, your employer, and Plan trustees and union, and auditors.

**Optional Communications**

- By checking this box, you consent to receive electronic communications about our other products and services or products and services of our affiliates and service providers.

Member signature	Date (yyyy/mm/dd)
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**Protecting your personal information.** We recognize and respect your right to privacy. When personal information is provided to us, we establish a confidential file that is kept in our facilities or in the facilities of an organization that we authorize. We limit access to information in your file to our personnel or other persons we authorize, who require the information to perform their duties with respect to the Plan, to persons to whom you have granted access, and to persons authorized by law. If you require more detail about how we protect your personal information or the other persons to whom we disclose your personal information, you may access our Privacy Policy at <https://www.peoplecorporation.com/privacy/> or contact our privacy officer by mail sent to Coughlin & Associates Ltd., 1403 Kenaston Blvd., Winnipeg, MB, R3P 2T5, or by email sent to [privacy.officer@peoplecorporation.com](mailto:privacy.officer@peoplecorporation.com).