

Important: Please print and complete each section as accurately as possible.

Section A – Collection, Use and Disclosure of Personal Information

This form allows UV Insurance to collect your personal information in order to change the beneficiary and/or the contingent beneficiary of the above-mentioned insurance contract.

The personal information collected is used to:

- ▶ Identify the individual
- ▶ Establish and update information and the needs of the individual, as appropriate
- ▶ Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud

The information disclosed on this form will be forwarded to the UV Insurance staff responsible for processing the application, as well as to any other person authorized by law.

Section B – Important Information

Succession: The “Legal Heirs” designation is always revocable, and there can be no designation of a contingent beneficiary or accretion.

Percentage: If you are naming more than one beneficiary, please assign a percentage to each (the total must be 100%). Otherwise, the benefits will be shared equally.

Accretion OR contingent beneficiary (optional): In the event of the death of the primary beneficiary, you can choose one of the following two options. Note that the accretion option and the designation of contingent beneficiaries cannot be combined.

- ▶ **Accretion:** When you designate beneficiaries, you can indicate that there must be an accretion in favour of the other beneficiaries if one of them dies. Accretion means that the percentage of insurance that would normally have been paid to the deceased beneficiary will instead be distributed among the surviving beneficiaries, according to the percentage allocated to each.

Do not designate a contingent beneficiary if the “Accretion” box is checked or if the designated beneficiary is a legal entity or “Legal Heirs.” When a contingent beneficiary is designated, the accretion option cannot apply.

- ▶ **Contingent Beneficiary:** The designation of a contingent beneficiary is always revocable. A contingent beneficiary becomes a current beneficiary following the death of the beneficiary with whom he or she is associated.

Revocable or Irrevocable: Note that when an irrevocable beneficiary, is designated, they must sign to consent to any change of beneficiary, as well as any future change that may affect their rights and privileges under the contract. (e.g., redemption, cancellation, change in insurance amount, mortgage, etc.)

In Quebec, in the absence of any revocable or irrevocable election, the designation of a spouse or civil partner is irrevocable and the designation of any other beneficiary is revocable. For all other provinces, if there is no election, the designation is revocable.

Minor Beneficiary: A minor may be designated as an irrevocable beneficiary. However, they cannot consent to be revoked until they reach the age of majority. Therefore, no change of beneficiary will be possible while the beneficiary is a minor.

Corporation: Corporations must be represented by an individual duly authorized to sign on their behalf in order to consent to the revocation. In these cases, please attach a copy of the document authorizing you to sign for and on behalf of the corporation (corporate resolution and copy of the relevant records).

Signature verification: UV Insurance reserves the right to verify the authenticity of the signatures on this form.

Section C – Information About the Insured or the Annuitant

1. Contract n° _____
2. First name _____ Last name _____

Section D – New Beneficiary(ies) for death benefits

Beneficiary 1	
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1. First name _____ Last name _____ Date of birth

Y	M	D
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- OR** Legal name (if a corporation) _____ **OR** ☐ Legal heirs
2. Percentage allocated to this beneficiary _____ % 3. ☐ Revocable **OR** ☐ Irrevocable 4. ☐ Accretion
5. Relationship to insured (In Quebec, specify the relationship to the owner. For all other provinces, specify the relationship to the insured person)
- ☐ Married or in a civil union ☐ Common-law partner ☐ Child ☐ Other _____

Beneficiary 1's contingent beneficiary (see Section B – Important Information)

- [illegible]

[illegible]

- [illegible]

Beneficiary 2's contingent beneficiary (see Section B – Important Information)

- [illegible]

[illegible]

- 1.** First name _____ Last name _____ Date of birth | Y | M | D
OR Legal name (if a corporation) _____ OR ☐ Legal heirs
- 2.** Percentage allocated to this beneficiary _____ % **3.** ☐ Revocable OR ☐ Irrevocable **4.** ☐ Accretion
- 5.** Relationship to insured (In Quebec, specify the relationship to the owner. For all other provinces, specify the relationship to the insured person)
☐ Married or in a civil union ☐ Common-law partner ☐ Child ☐ Other

Beneficiary 3's contingent beneficiary (see Section B – Important Information)

- [illegible]

[illegible]

- 1.** First name _____ Last name _____ Date of birth | Y | M | D
OR Legal name (if a corporation) _____ OR ☐ Legal heirs
- 2.** Percentage allocated to this beneficiary _____ % **3.** ☐ Revocable OR ☐ Irrevocable **4.** ☐ Accretion
- 5.** Relationship to insured (In Quebec, specify the relationship to the owner. For all other provinces, specify the relationship to the insured person)
☐ Married or in a civil union ☐ Common-law partner ☐ Child ☐ Other

Beneficiary 4's contingent beneficiary (see Section B – Important Information)

- [illegible]

Beneficiary 1

- Beneficiary 1's contingent beneficiary (see Section B – Important Information)

- ### Beneficiary 2

- Beneficiary 2's contingent beneficiary (see Section B – Important Information)

- Note:** Please note that the contractual provisions take precedence over the above designation.

Beneficiary name (first and last name)	Trustee name (first and last name)	Relationship between trustee and beneficiary

For more details, please visit our website and see our **[Privacy Policy](#)**.

Section G – Consent and Signatures (cont'd)

Signatures

With this form, I revoke the current beneficiary designation and replace it with the beneficiary designation(s) shown above. By signing below, I confirm that I have read and agree to the information in this form.

Signed in _____ Date

		Y						M				D
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X _____
Signature of owner 1 (if a corporation, authorized signatory) Name of signatory (please print)

Signed in _____ Date

		Y						M				D
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X _____
Signature of owner 2 (if a corporation, authorized signatory) Name of signatory (please print)

Irrevocable beneficiary's consent (if applicable)

I agree to be revoked as the current irrevocable beneficiary of the above-mentioned contract and I waive all my rights and privileges under said contract.

Signed in _____ Date

		Y						M				D
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X _____
Signature of irrevocable beneficiary Name of signatory (please print)

* If the beneficiary designated on the contract is irrevocable, their signature is required. If the irrevocable beneficiary is deceased, attach proof of death.

