



# BENEFICIARY CHANGE FORM

Chubb Life Insurance Company of Canada  
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## General Information

By completing this form, you are asking us to change the information you previously provided. Any previous beneficiary designation or trustee appointment will be revoked. If you wish to leave a previous designation intact, write that name again on this form.

If you make any corrections on this form, initial them to confirm that they are valid.

Please indicate the percentage of the benefit to be received by each beneficiary listed where multiple primary beneficiaries are named.

Beneficiaries (other than a spouse under a Quebec policy) are revocable unless you write the word "irrevocable" after that Beneficiary's name. If you have an irrevocable beneficiary, your rights in the policy will be limited. The beneficiary must give written consent before you make changes, such as future beneficiary changes or changes to your policy (e.g. decrease coverage). Note: Minor children cannot give written consent to these changes.

## PRIMARY BENEFICIARY DESIGNATION

Under the terms of my Policy No. \_\_\_\_\_ I, Name of Insured Person hereby name the following revocable beneficiary(ies) for any benefits payable as a result of my coverage.

Name of Beneficiary	Relationship to Insured	Percentage

### For policies issued in Quebec only:

If you named your married or civil union spouse as a beneficiary, the designation is irrevocable unless you select  revocable.

## APPOINTMENT OF TRUSTEE (ONLY COMPLETE IF APPLICABLE)

Complete this section if a beneficiary named on this form is a minor. If so, you agree that any benefit that becomes payable to a minor child will be paid to the trustee to hold in trust for the child until the child comes of age.

Name of Trustee	Relationship to Minor Beneficiary

## CONTINGENT BENEFICIARY (ALTERNATIVE)

I wish to appoint the following contingent beneficiary(ies) in the event my primary beneficiary predeceases me.

Name of Contingent Beneficiary	Relationship to Insured	Percentage

## SIGNATURE

By signing below, you revoke any beneficiary designation or direction of payment that was previously made with respect to the proceeds payable under the above policy and direct that proceeds be paid to the beneficiary(ies) listed on this form.

Signature of Insured Person	Date Signed
Signature of Irrevocable Beneficiary	Date Signed
Signature of Witness (other than beneficiary)	Date Signed