

## BENEFICIARY CHANGE/NAME CHANGE FORM

Please fill in the applicable sections below and forward to the address shown above.

<b>PART A</b>	<b>GENERAL INFORMATION</b>
Plan Sponsor: _____	Plan No. _____
Member's Name: _____ <small>(as currently recorded on our records)</small>	Certificate No. _____ <small>(First, Middle, Last)</small>

<b>PART B</b>	<b>NAME CHANGE</b>
I, _____, the Member named in the above Plan and Certificate, issued by <small>(Former Name – First, Middle, Last)</small> The Equitable Life Insurance Company of Canada, hereby advise that on the _____ day of _____, <small>(date) (month) (year)</small> my name was changed to _____ and hereby request that the above <small>(First, Middle, Last)</small> change be entered on your records.	
Signed at _____ this _____ day of _____. <small>(city, province) (date) (month) (year)</small>	
_____ Signature of Member	

<b>PART C</b>	<b>BENEFICIARY CHANGE</b>	
I, _____, the Member named in the above Plan and Certificate, <small>(Name of Member – First, Middle, Last)</small> issued by The Equitable Life Insurance Company of Canada, do hereby revoke all former beneficiary(ies) appointment(s) and declare the proceeds of the said member account shall henceforth be payable to:		
Name(s)	Relationship	Name of Trustee <i>for minor beneficiary(ies)</i>
if living at my death, otherwise to my administrators, executors, or assignees.		
I understand that legislation may automatically entitle my Spouse/common-law partner to any prescribed benefit regardless of the chosen Beneficiary(ies) Designation above.		
Signed at _____ this _____ day of _____. <small>(city, province) (date) (month) (year)</small>		
_____ Signature of Member		

<i>This space is for Head Office use only.</i>	Processed by: _____ Date: _____
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