

CHANGE OF BENEFICIARY

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Reserved for Medic Solutions Medic Client No.

Medic certificate No.

Employer's name	Certificate no.

Plan member employee	
Last name	First name

Current beneficiary/ries						
Beneficiary **Irrevocable **Meaning the appointment of the beneficiary cannot be revoked (changed) without his/her written consent.						
Last name	First name	Relationship	Status	Date of birth (mm/dd/yyyy)	Share %	
			Revocable Irrevocable			
			Revocable Irrevocable			
			Revocable Irrevocable			

Appointment of new beneficiary/ries

Revocable/irrevocable beneficiary : A minor appointed as irrevocable beneficiary cannot consent to a change in beneficiary and a parent or guardian cannot sign for the minor in this case. All beneficiaries are considered revocable, unless otherwise indicated by checking the 'irrevocable' box below, except in Quebec. In Quebec, if a spouse, married or joined by a civil union, is appointed beneficiary, the appointment is irrevocable unless the 'revocable' box is checked below.

Minor appointees : With the exception of Quebec, you must appoint a trustee to receive all benefits as long as the beneficiary is a minor. In Quebec, all benefits will be paid to the guardian(s), unless you have set up an official trust.

Multiple beneficiaries : The percentage allotted to all beneficiaries must total **100%**. If you appoint more than one beneficiary and fail to indicate the percentage of each individual share, all benefits will be divided in equal shares among the surviving beneficiaries.

If you require more space, please attach a handwritten letter with your signature.

Beneficiary						
Last name	First name	Relationship	Statut	Date of birth (mm/dd/yyyy)	Share%	
			Revocable Irrevocable		%	
			Revocable Irrevocable		%	
			Revocable Irrevocable		%	
			Revocable Irrevocable		%	

Minor beneficiary - Appointment of trustee

All amounts payable while the beneficiary/ries have not reached the age of majority will be paid to , trustee or, lacking a trustee, a duly appointed guardian of the minor(s) involved. The settlement of the amounts due to the trustee releases the insurer from any further obligation.

* EFFECTIVE DATE OF THE CHANGE REQUESTED	Day	Month	Year

Employee signature and authorization		
I authorize the insurance company, its agent and service providers to disclose and make use of the information contained in this form in order to rate, administer and settle the claims.		
With this form, I revoke the appointment of the current beneficiary and substitute them with the new beneficiary, as indicated above.		
Date (mm/dd/yyyy)	Employee's signature	Witness signature
	X	X

Revocation of the current beneficiary (Only if the beneficiary is IRREVOCABLE)		
I hereby consent to being revoked as the current beneficiary and substituted by the new beneficiary, as indicated below.		
Date (mm/dd/yyyy)	Signature of the current irrevocable beneficiary	Witness signature
	X	X

Reset form