

**TO BE COMPLETED AND RETURNED TO SSQ ONLY IF THE PARTICIPANT HOLDS LIFE INSURANCE COVERAGE****IMPORTANT: WRITE IN BLOCK LETTERS**

S.I.N.: | | | | | | | | | | | | | | | | | | | | | |

Contract #: \_\_\_\_\_ — \_\_\_\_\_  
Group no. Certificate no.

Surname and given name of participant: \_\_\_\_\_

Complete residential address: \_\_\_\_\_

Postal code

Phone no. at home: ( ) - \_\_\_\_\_ At work: ( ) - \_\_\_\_\_

I, the undersigned, designate as my beneficiary in case of death:

Estate of the participant  or

The following specific beneficiaries:

Surname

Given name

Relationship

Surname	Given name	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**THE ABOVE-NAMED BENEFICIARY DESIGNATION IS:** (check one box only)REVOCA**BL**E  (can be changed at anytime)

or

IRREVOCA**BL**E  (cannot be changed without the written consent of the beneficiary named in the irrevocable designation)Note: In Quebec, in the absence of the selection of the last option, the designation of the legal spouse is IRREVOCA**BL**E and the designation of any other beneficiary is REVOCA**BL**E.

Date | | | | | | | | | | | | | | | | | | | | | | Y M D Participant's signature \_\_\_\_\_