

BENEFICIARY DECLARATION

Please sign this confirmation of your Beneficiary Designation and return it to us by mail in the envelope provided, or fax it to 416-594-2835.

If you have named a minor as a beneficiary you may wish to appoint a trustee at this time. If you make any corrections or changes on this form, initial them to confirm that they are valid. In Quebec, a benefit payable to a minor will be paid to the parents (or other legal guardian, if applicable). If you wish to have another person administering the child's benefit, you should ensure you have the proper provisions in your will.

You may change your Beneficiary at any time. A Beneficiary Change Form has been included in your policy document for future use.

Under the terms of my Final Expense Policy, I «FORMALNAME» hereby name the following revocable beneficiary for any benefits payable as a result of my coverage. In Quebec, If the beneficiary is your spouse, this designation is irrevocable unless revocable is indicated.

Name of Beneficiary

«BNFC_MI(OBFEID)»

APPOINTMENT OF TRUSTEE *(only complete if applicable)*

I wish to appoint the following Trustee to receive benefits for any Beneficiary named above that is considered a minor under the provincial jurisdiction of residence:

Name of Trustee	Relationship to Minor Beneficiary

CONTINGENT BENEFICIARY *(Alternative)*

I wish to appoint the following contingent Beneficiary in the event my primary Beneficiary predeceases me:

Name of Contingent Beneficiary	Relationship to Insured

SIGNATURE

By signing below, you confirm that proceeds are to be paid to the Beneficiary(ies) listed on this form.

Signature of Insured Person	Date Signed
X	