



# Designation of revocable beneficiary/trustee appointment

Return to Canada Life, Group Retirement Services  
Toronto Admin GRS – S7  
330 University Avenue, Toronto, ON M5G 1R8



- This form is to designate a revocable beneficiary where permitted by law. To designate an irrevocable beneficiary, use the *Designation of irrevocable beneficiary* form. As an exception, **where Quebec law applies**, any designation of a plan member's spouse as beneficiary is irrevocable unless stipulated otherwise below – see box in Part B.
- If there is an existing **irrevocable** beneficiary, the right to revoke the existing beneficiary designation will not apply unless the irrevocable status is removed by completing Part A.

EMPLOYER/PLAN SPONSOR	
Name of employer/plan sponsor <b>Canada Post Corporation</b>	Policy/plan number(s) <b>74216</b>

MEMBER (please print)			
Last name	Initial	First name	Certificate/social insurance number

This beneficiary designation and/or trustee appointment will apply to:

All retirement, savings and income plans under the policy/plan number(s) identified above (and sponsored by the employer/plan sponsor identified) If you wish to make a specific designation to one or more plans, please indicate below:

Registered Retirement Savings Plan (RRSP) - **VSP**     Registered Pension Plan (RPP) - **DC**

If more than one plan is selected and the beneficiary is not **exactly** the same for each plan, complete a separate form for each plan.

## PART A – TO REMOVE AN EXISTING IRREVOCABLE BENEFICIARY

I transfer to the plan member all my rights under the above-described plan(s).

Date	
Signature of irrevocable beneficiary	Signature of witness (person who is not a minor and not the plan member)

## PART B – TO DESIGNATE A REVOCABLE BENEFICIARY

Where permitted by law, you can appoint one or more beneficiaries. Note: pension legislation or the terms of the plan may require payment of the death benefit to your qualifying spouse or common-law partner. All designations are revocable except in Quebec (see "Important: Quebec residents").

I revoke all previous designations of revocable beneficiary, including any contingent beneficiary if applicable, to receive the benefits payable on my death under the above described plan(s) and appoint:

### Primary beneficiary(ies)

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you Select box below <b>OR</b> Specify under Other				% of benefit
			Married	Quebec civil union spouse	Common-law partner	Other (child, friend, etc.)	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Total 100%

### Important: Quebec residents

- If you appoint your married or civil union spouse as your beneficiary, they will be irrevocable (meaning you cannot change your beneficiary or perform certain transactions such as making withdrawals (where permitted) without their consent) unless you check the box below:  
**I designate my married or civil union spouse revocably**
- The death benefit will be paid to the tutor(s) of a beneficiary who is a minor (generally the parents) or the tutor or curator of a beneficiary who otherwise lacks legal capacity unless a formal trust has been established by will or separate contract (in which case, designate the trust as beneficiary in this section)

Unless the law requires otherwise, if one of your primary beneficiaries predeceases you, their share will be paid to the surviving primary beneficiaries in equal shares, or if there is no surviving primary beneficiary(ies), to your contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the benefit will be paid to your estate.

Contact information 1-866-716-1313 or mycanadalifeatwork.com  
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**Designation of revocable beneficiary/trustee appointment (continued)**

**PART B – TO DESIGNATE A REVOCABLE BENEFICIARY (continued)**

**Contingent beneficiary(ies)**

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you	% of benefit
				Total 100%

**Trustee**

(to be completed if any of your beneficiaries are minors or otherwise lack legal capacity and do not reside in Quebec; do not complete if a formal trust exists)  
I revoke any previous trustee(s) appointment and appoint:

Last name	First name	Trustee for (indicate beneficiary name)	Relationship of trustee to you

I authorize the trustee(s) named above 1) to receive benefits payable on behalf of any beneficiaries who are minors or otherwise lack legal capacity to give a valid discharge and 2) in their sole discretion, to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the plan. The trust will terminate once the beneficiary is both of age of majority and has capacity to give a valid discharge. Legal advice should be obtained prior to appointing a trustee. Payment to the trustee(s) discharges the issuer to the extent of the payment.

**SIGNATURES**

Signed at \_\_\_\_\_  
City Province

Signature of plan member

\_\_\_\_\_  
Date

Signature of witness  
(person who is not a minor and not a named beneficiary or trustee)

References to the issuer in this form include The Canada Life Assurance Company or Investors Group Trust Co. Ltd., as applicable.