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Beneficiary, Trustee
Assignment for Collateral, Name Correction
Individual Life Insurance

F5AP

Agency Code Agent Code S.U. Reserved for the agency Received: Reserved for H.O. Received:
Policy no. Last and first name of policyholder

Attention: Corrected or altered forms will not be accepted. Signatures are required in each section completed.

1 • Policyowner's Address (to be completed in all cases)

If transfer of ownership, please indicate address of new policyowner.

The address remains unchanged
Apartment PO Box

No. Street City Province Postal code Social Insurance Number
E-mail Tel.: Home Work

2 • Designation of Beneficiary and Contingent Beneficiary

The contingent beneficiary only acquires rights upon the death of the beneficiary to whom he/she is contingent.

The expressions "Legal heirs" and "Estate" mean the insured's heirs and not the policyowner's heirs.

I hereby revoke any previous beneficiary designation for the insured(s) specified hereinafter and designate the following beneficiary(ies):

For the insured:

the beneficiaries will be:

and their contingent beneficiaries will be:

Beneficiary's last and first name Sex Date of birth % Relationship Contingent beneficiary's last and first name
M F M F M F Revocable Irrevocable

For the insured:

the beneficiaries will be:

and their contingent beneficiaries will be:

Beneficiary's last and first name Sex Date of birth % Relationship Contingent beneficiary's last and first name
M F M F M F Revocable Irrevocable

For the insured:

the beneficiaries will be:

and their contingent beneficiaries will be:

Beneficiary's last and first name Sex Date of birth % Relationship Contingent beneficiary's last and first name
M F M F M F Revocable Irrevocable

Signed at this day of 20

X Agent - witness X Irrevocable beneficiary X Policyowner(s) X Policyowner(s)

3 • Designation of Beneficiaries for Funds

The beneficiary of the accumulation fund and shuttle fund is:

- The beneficiaries of insured 1
The policyowner
Other(s)
Revocable Irrevocable

Beneficiary's last and first name Sex Date of birth % Relationship
M F M F Revocable Irrevocable

Signed at this day of 20

X Agent - witness X Irrevocable beneficiary X Policyowner(s) X Policyowner(s)

4 • Designation of Beneficiaries for Critical Illness

➔ The beneficiaries of the **Critical Illness** coverage for the insured _____ are:

Beneficiary's last and first name _____ Sex M F _____ Date of birth _____ % _____ Relationship _____
Y - M - D

_____ Sex M F _____ % _____ Relationship _____
Y - M - D

_____ Sex M F _____ % _____ Relationship _____
Y - M - D

_____ Sex M F _____ % _____ Relationship _____
Y - M - D

➔ The beneficiaries of the **Critical Illness** premium refund at death for the insured _____ are:

Beneficiary's last and first name _____ Sex M F _____ Date of birth _____ % _____ Relationship _____
Y - M - D

_____ Sex M F _____ % _____ Relationship _____
Y - M - D

_____ Sex M F _____ % _____ Relationship _____
Y - M - D

_____ Sex M F _____ % _____ Relationship _____
Y - M - D

Signed at _____ this _____ day of _____ 20 _____

X _____
 Agent - witness

X _____
 Irrevocable beneficiary

X _____
 Policyowner(s)

X _____
 Policyowner(s)

5 • Designation of a Trustee for a Beneficiary

➔ It is recommended that a trustee be appointed for any minor beneficiary or for any beneficiary who may not be able to provide proper release.

I hereby appoint the following person as trustee to receive the benefits payable to any beneficiary who has not reached legal age or who does not have the legal capacities necessary to provide release.
 This designation is revocable and applies until said beneficiary reaches legal age.

Last name _____ First name _____

Name of trustee _____ Relationship to insured _____

Signed at _____ this _____ day of _____ 20 _____

X _____
 Agent - witness

X _____
 Policyowner(s)

X _____
 Policyowner(s)

6 • Assignment for Collateral Security

➔ The policyowner and current beneficiary(ies) retain their rights on all benefits above and beyond the debt.

I hereby transfer and assign this contract to the assignee designated hereinafter as collateral security for a debt.

Name of assignee _____

No. _____ Street _____ Apartment _____ PO Box _____

City _____ Province _____ Postal code _____

Address of assignee _____

Signed at _____ this _____ day of _____ 20 _____

X _____
 Agent - witness

X _____
 Irrevocable beneficiary

X _____
 Policyowner(s)

X _____
 Policyowner(s)

7 • Name Correction / Change

➔ If change in beneficiary's name, please complete Section 2.

I would like to correct the name of the policyowner the insured: _____
Last name First name

to _____
 due to:

An error on the application Legal adoption Revert to maiden name Legal change
 ➔ Attach birth certificate ➔ Attach adoption papers ➔ Attach proof ➔ Attach proof

Signed at _____ this _____ day of _____ 20 _____

X _____
 Agent - witness

X _____
 Policyowner(s)

X _____
 Policyowner(s)