

DESIGNATION OF BENEFICIARY

COMPLETE THIS FORM TO DESIGNATE A BENEFICIARY OR TO CHANGE STATUS OF EXISTING INFORMATION.

Privacy Statement

MDM Insurance Services Inc. ("MDM") is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

Before using this form, you should be satisfied that the completion, thereof, will carry out your intentions, as MDM is not responsible for the validity or effect of any designation made under this form.

A. EMPLOYEE INFORMATION				
Name:		Group No.	Class No.	
Name of Employer:				
B. BENEFICIARY DESIGNATION				
I, that all benefits payable under the Policy afte		ous beneficiary designations und	er the Policy and declare	
Primary Beneficiary(ies) - Allocation will be	e deemed equal unless indicated	d otherwise. Percentages must to	tal 100%.	
Full Legal Name		Relationship	% Share	
Contingent Beneficiary(ies) - Allocation w	ill be deemed equal unless indic	ated otherwise. Percentages mus	st total 100%.	
Full Legal Name		Relationship	% Share	
In Quebec, the designation of your spouse a revocable beneficiary:	as a beneficiary is irrevocable u	nless you declare otherwise. I de	signate my spouse as a	
If the Primary Beneficiary(ies) predeceases the all beneficiaries predecease the employee or				
In provinces other than Quebec, if a designated if the beneficiary has not reached the age of children, the funds are paid to the Public Trust the Civil Code provisions apply. It is not neces requirement for a designation of a trustee.	majority at the time the insurance tee (or equivalent government office)	ce proceeds are payable. If no tricial) until the children reach the a	ustee is named for minor ge of majority. In Quebec,	
Trustee full name:	Relation	ship to Employee:		
C. EMPLOYEE SIGNATURE				
Signed this: day of	(Month) , , ,	ear)		
	(monus) (†	cai,		
Employee		Witness (Must be witnessed by someone other than a beneficiary.)		