

# BENEFICIARY DESIGNATION

Your group savings and retirement plan

A beneficiary designation allows you to identify who you want to receive your death benefits, except where the law requires the payment of death benefits on a priority basis to your spouse at the date of your death. You are not required to designate a beneficiary. If you decide not to name a beneficiary, the benefits will usually be paid to your estate. You must be of legal age or deemed to be of legal age to designate a beneficiary. The information contained on this form does not constitute a legal opinion.

## 1- Your identification

Plan sponsor or Plan name CPIEPQ		Contract number 15120CM	Division number 001	Plan type SPP
First name	Last name		Date of birth YYYY-MM-DD	

## 2- Who do you want to designate as a beneficiary?

### Who can be a beneficiary:

You can designate one or more individuals, a company, a non-profit organization, a trust, or an association.

### Revocable beneficiary:

Means you can change the beneficiary designation in writing at any time without the beneficiary's consent.

### Irrevocable beneficiary:

Means you cannot change the beneficiary designation without the beneficiary's written consent. You must also obtain the beneficiary of legal age's written consent before making a withdrawal, a transfer, or other transactions subject to the terms of the plan.

If you designate a **minor** as an irrevocable beneficiary, you cannot revoke this designation or make a withdrawal, a transfer, or other transactions before he or she reaches the age of majority, unless you receive court approval. The father, mother or guardian of a minor cannot provide consent on behalf of the minor.

The beneficiaries you designate are considered **revocable**. If you want the designation to be irrevocable, enter "irrevocable" in the *Type of designation* column.

First name	Last name	Relationship	Date of birth	Percentage breakdown	Type of designation
			YYYY-MM-DD		
			YYYY-MM-DD		
			YYYY-MM-DD		
			YYYY-MM-DD		

If you designate a minor beneficiary, please complete section 3.

If you designate more than four beneficiaries, check off this box and attach a separate sheet listing the names of all additional beneficiaries along with the information required in the above table for each of them.

### For Quebec residents

If you designate your spouse or civil union spouse as beneficiary, the designation is irrevocable unless you check the box next to the following statement:

**As a Quebec resident**, I want my spouse or civil union partner to be designated as a revocable beneficiary:

Please do not forget to sign the form on page 2

**Percentage breakdown**

If you name more than one beneficiary, you may specify the percentage you wish to allocate to each. If the total percentage allocated is less than 100%, the unallocated portion will be paid to your estate. If no percentage is specified, the total amount will be divided equally among the designated beneficiaries.

**If a beneficiary dies before you do**

If you have assigned a percentage for each beneficiary and one of them dies before you do, that beneficiary's share will be paid to your estate. If you have not assigned a percentage for each beneficiary and one of them dies before you do, that beneficiary's share will be divided equally among the other designated beneficiaries. If you have named only one beneficiary and he/she dies before you do, his/her share will be paid to your estate.

**3- Did you designate a minor as a beneficiary? If yes, please complete this section.**

With the exception of Quebec residents, you may designate a trustee so that any benefits payable to the minor beneficiary upon your death are paid to a trustee, in trust for the minor beneficiary. The trust will cease when the beneficiary reaches the age of majority. Before completing this section, we recommend you consult with a legal advisor.

First name and last name of trustee	Phone number ( )
Address of trustee	

**4- Changing your beneficiary designation: consent of the irrevocable beneficiary of legal age**

To be valid, the revocation must be signed by a capable person of legal age.

I, the undersigned, irrevocable beneficiary designated under the abovementioned plan, declare that I waive my rights as beneficiary under the plan and consent without reservation to the change of the beneficiary.

First name and last name of previous beneficiary	Date of birth	Signature of previous beneficiary	Date
	YYYY-MM-DD		YYYY-MM-DD
	YYYY-MM-DD		YYYY-MM-DD

**5- Sign here to confirm your beneficiary designation**

For your designation to be validated, you must sign this section.

I, the undersigned, revoke any previous beneficiary designations, if any, and name the recipient(s) mentioned in Section 2.

_____	YYYY-MM-DD
Signature	Date

Please sign, date and return this form to the address below.

**Customer Service - Group Savings and Retirement**

<b>Business hours</b> Monday to Friday from 8 am to 8 pm (ET)	<b>Telephone</b> 1-800-567-5670	<b>Address</b> 1080 Grande Allée West PO Box 1907, Station Terminus Quebec City, QC G1K 7M3
<b>Email</b> pension@ia.ca	<b>Fax</b> 1-800-786-6065	