

# SecureLife

## BENEFICIARY CHANGE REQUEST

ACE INA Life Insurance

Return completed form to:  
 Hunter McCorquodale Inc  
 480 University Ave.  
 Suite 1100  
 Toronto, ON M5G 1V2  
 Tel: 416-322-7268 Tollfree: 1-888-995-9199  
 Fax: 416-322-6846

POLICY NUMBER(S): \_\_\_\_\_

NAME OF INSURED PERSON: \_\_\_\_\_

NAME OF POLICYOWNER, if other than Insured Person: \_\_\_\_\_

The Policyowner hereby designates the following beneficiary(ies) for the proceeds of this policy. This designation shall supersede and replace any previous designation.

Name of Beneficiary	Type	Relationship to Insured Person	% Share	Status*
	<input type="checkbox"/> Primary			<input type="checkbox"/> Revocable
	<input type="checkbox"/> Contingent <input type="checkbox"/> Primary			<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable
	<input type="checkbox"/> Contingent <input type="checkbox"/> Primary			<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable
	<input type="checkbox"/> Contingent <input type="checkbox"/> Primary			<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable
	<input type="checkbox"/> Contingent <input type="checkbox"/> Primary			<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable
	<input type="checkbox"/> Contingent <input type="checkbox"/> Primary			<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable
	<input type="checkbox"/> Contingent <input type="checkbox"/> Primary			<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable

\*The beneficiary will be revocable unless otherwise specified. In Quebec, a spouse designated as beneficiary will be deemed irrevocable unless otherwise specified.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
 (City, Province) (Day) (Month, Year)

\_\_\_\_\_  
 Signature of Policyowner

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Signature of current Irrevocable Beneficiary (if any)

\_\_\_\_\_  
 Witness