

1. ADMINISTRATIVE INFORMATION

There are two possible reasons for completing this form:

- You became a participant in SISIP Financial insurance while residing in the Province of Quebec and you did not specify your beneficiary designation to be **revocable**. Therefore, according to the *Quebec Civil Code*, your beneficiary is automatically considered **irrevocable**; or,
- You named your beneficiary as **irrevocable**.

In order for you to be able to change your irrevocable beneficiary:

1. We require the signature of the irrevocable beneficiary in Block 3.

Note 1: Please note that if it is not possible for you to obtain this signature, your beneficiary cannot be changed and will remain as indicated on the attached; or,

2. The previous designation of a spouse by a member who became insured under SISIP Financial while residing in the province of Quebec may be irrevocable for the duration of the coverage, and if the case a change cannot be made without the spouse's written permission. For those who became insured under SISIP Financial while residing in the province of Québec a divorce automatically nullifies a spouse as an irrevocable beneficiary. Provide official date of divorce.

Note 2: Please note that if you have been instructed by a court of law to name someone as irrevocable in your divorce decree, it is your responsibility to fulfill that order and we suggest that you attach a copy of the decree to this form.

Note 3: This form must be completed even if a Court order releases an irrevocable beneficiary.

Official Date of Divorce:

dd	mm	yyyy
----	----	------

2. MEMBER INFORMATION

Service Number (SN)		CFOne #		Rank	
Date of Birth (dd-mm-yyyy)	Surname		First Name		Initials M <input type="checkbox"/> F <input type="checkbox"/>
Date of Enrollment (DOE) (dd-mm-yyyy)	Primary/Day Telephone		Secondary/Evening Telephone		
Apt.	Civic #	Street		City	
Province	Postal Code	Email Address			

3. RELEASE OF BENEFICIARY

The undersigned, being the current full or partial beneficiary for the member's life insurance coverage with SISIP Financial, hereby relinquishes all rights, title, and interest as beneficiary.

Dated at _____ this _____ day of _____ 20_____.

Irrevocable Beneficiary's Name Printed:		Irrevocable Beneficiary's Signature:				
Witness' Name Printed: <i>(other than member)</i>		Witness' Signature:				

4. SIGNATURE

The responses and declarations contained herein are true and complete. I realize that any material misrepresentation will render void the insurance. I hereby authorize SISIP Financial and Manulife or its reinsurers, for underwriting and administration of insurance and claims paying purposes only:

- to gather only that information necessary for the object of the file, from any person or organization that has personal information relating to me, including other insurers, physicians and medical institutions, the Medical Information Bureau (MIB*), investigation and credit reporting agencies, and all persons or organizations likely to have personal information relevant to the object of the file;

- to disclose only the necessary personal information it has relating to me to these same persons and organizations, specified in paragraph (a); or,
- to request a personal investigation report relating to me.

A copy of this authorization shall be as valid as the original. This authorization is valid for the period required to achieve the ends for which it was requested.

The information provided on this form is protected from unauthorized disclosure under *Canada's Privacy Act, Personal Information Protection and Electronic Documents Act (PIPEDA)* or equivalent provincial legislation and is available to you upon request.

CAF Member's Name Printed:		CAF Member's Signature:				
-----------------------------------	--	--------------------------------	--	--	--	--

I consent to being notified or contacted regarding other SISIP Financial products or services: Initial: _____ YES or _____ NO

*MIB - to review information on your file, or have it corrected, visit www.mib.com for contact information.

5. MAILING INSTRUCTIONS

<p>Regular Force Members</p> <p>Please return to: SISIP Financial 4210 Labelle Street Ottawa, ON K1A 0K2</p>	<p>Primary Reserve Force & Released Members:</p> <p>Please return to: SISIP Life Insurance - Manulife P.O. Box 1030 2727 Joseph Howe Drive Halifax, NS B3J 2X5</p>
--	--

6. SISIP FINANCIAL REVIEW Verified and reviewed by:

Name Printed	Signature			
--------------	-----------	--	--	--