

If you have a will, it is recommended that you consult a notary or a lawyer in order to ensure that this beneficiary designation does not conflict with this will.

Before filling out this form, please read on the back of this sheet, sections 52 and 53 of the Règlement sur les régimes complémentaires d'avantages sociaux dans l'industrie de la construction (R-20, r.10). [Regulation on fringe benefit plans in the construction industry]

MÉDIC CONSTRUCTION Policy number 10,000

All fields must be filled out.

1. PLAN MEMBER	
CCQ client number	Telephone number
Last name	First name

BENEFICIARY DESIGNATION AND REVOCATION

(If you wish to designate more than two beneficiaries, please copy this form)

I, the undersigned, hereby revoke* any prior designation of beneficiary, if applicable, and expressly designate the following person(s) as beneficiary:

***When the prior designation is irrevocable, this Beneficiary Designation form must be accompanied by a waiver and consent form signed by the prior irrevocable beneficiary (see back).**

2. BENEFICIARY (If you have more than one beneficiary, make sure the total percentage is 100%)		
Last name	First name	
Date of birth of beneficiary (AAAA-MM-JJ)	Relationship to Plan member	Percentage % (optional)

3. BENEFICIARY		
Last name	First name	
Date of birth of beneficiary (AAAA-MM-JJ)	Relationship to Plan member	Percentage % (optional)

The designation of your legal spouse (by marriage or civil union) as beneficiary is irrevocable unless you make it revocable by ticking the box below:

Revocable

I understand that this designation will only have effect if my group insurance is still in force upon my death.

4. SIGNATURE	
_____	_____
Plan member must sign here	Date signed (mandatory) (YYYY-MM-DD)

Please send the original of this form to the address below:

Commission de la construction du Québec
Section Retraite et assurance vie
C. P. 2500, succ. Chabanel
Montréal (Québec) H2N 0A9

WAIVER AND CONSENT FORM OF THE PRIOR IRREVOCABLE BENEFICIARY

If you have previously designated an irrevocable beneficiary, the below form must be filled by that person.

5. IRREVOCABLE BENEFICIARY'S CONSENT

I, the undersigned, renounce to my rights as an irrevocable beneficiary of the Group Insurance Plan for the participant.

Signed in _____ on _____ Signed in _____ on _____

Signature of the irrevocable beneficiary

Signature of witness (other than the new beneficiary)

6. RÈGLEMENT SUR LES RÉGIMES COMPLÉMENTAIRES D'AVANTAGES SOCIAUX DANS L'INDUSTRIE DE LA CONSTRUCTION (R-20.R.10) [REGULATION ON FRINGE BENEFIT PLANS IN THE CONSTRUCTION INDUSTRY] (SECTIONS 52 AND 53)

52. The lump-sum benefit provided upon the death of an insured is payable to the beneficiary designated by the insured in writing in accordance with sections 2445 to 2452 of the *Quebec Civil Code*; if no beneficiary has been designated, the death benefit is payable in accordance with the provisions of the last will and testament of the insured.

If no beneficiary has been designated and there is no last will and testament, the death benefit is payable in accordance with the provisions of section 53. [free translation]

If the beneficiary designated on this form should die before you and no other beneficiary has been designated, the death benefit will be payable in accordance with section 53 of the above-named regulation, which reads as follows:

53. The insured's lump-sum death benefit is payable:

1. to the surviving spouse, or, if there is no spouse, to the children of the insured, in equal shares;
2. if there is no surviving spouse or children, to the father and mother of the insured in equal shares, or to the surviving parent;
3. if none of the persons in paragraphs 1 and 2 survive the insured, the death benefit is payable to the person who incurred expenses for the support, medical treatment or burial of the deceased.

The death benefit payable to a minor child shall be paid in trust to the person who has parental authority for the child. [free translation]

7. ADDITIONAL INFORMATION

The original version of this form is required.

If you make corrections to this form once you have filled it in, please add your initials at each change.