



Release of Beneficiary

Group Policy # 901102



It has come to our attention that your recent submission to change your beneficiary is not permissible.

There are two possible reasons for this:

- 1) You became a SISIP participant 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
- 2) You named your beneficiary as irrevocable.

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

→ We require the signature of the irrevocable beneficiary in Block 2.
 (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

→ If you had named a spouse and are divorced from that spouse, indicate your official date of divorce
 (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.)

Date of Divorce

____ Day ____ Month ____ Year

1. MEMBER'S INFORMATION

Service Number (SN)	Rank	Surname	First Name	Initials
			()	
Mailing Address			Home Phone #	
			()	
PO Box, Rural Route, etc.			(circle) work/cell phone/pager #	
City	Prov.	Postal Code		

2. RELEASE OF BENEFICIARY

The undersigned, being the present full or partial beneficiary for the members life insurance coverage with SISIP FS, hereby relinquishes all right, title, and interest as beneficiary.

Dated at _____ this _____ day of _____, 20 _____.

 Witness (other than Certificate Holder)

 Irrevocable Beneficiary

3. SIGNATURE

Declaration and Authorization by Applicant

- a. I certify that all information given on this form is complete and true in every respect;
- b. I authorize SISIP Financial Services, Manulife Financial or its reinsurers, for underwriting, administration of insurance and claims paying purposes, to gather only the necessary information for the object of the file, from any person or organization that has personal information relating to me;
- c. I also authorize SISIP Financial Services, Manulife Financial or its reinsurers, to disclose only the necessary personal information they have on me to the same persons or organizations specified in paragraph b.

The information provided on this form is protected from unauthorized disclosure under *Canada's Privacy Act* and is available to you upon request.

Member's Signature _____

____ Day ____ Month ____ Year

Submit completed document to: SISIP Financial Services, National Defence Headquarters, 4210 Labelle Street, Ottawa, ON K1A 0K2
 or for RTIP, CAR or IRM submit to: Manulife Financial, SISIP Services, PO Box 1030, 2727 Maritime Place, Halifax, NS B3J 2X5

SISIP FS Office Use Only

Verified by: _____

____ Day ____ Month ____ Year