FINANCIÈRE SISIP FINANCIAL
A division of CFMWS
Une division des SBMFC

Designation/Change of Beneficiary

Group Policy Number 901102

Manulife

1. MEMBER INFORMATION

Service Number (SN)	CFOne #	Rank

Date of Birth (dd-mm-yyyy)	Surname	First Name	Initials	M ☐ F ☐

Date of Enrollment (DOE) (dd-mm-yyyy)	Primary/Day Telephone	Secondary/ Evening Telephone

Apt.	Civic #	Street	City

Province	Postal Code	Email Address

2. APPLICABLE TO INSURANCE COVERAGE:

a) Optional Group Term Insurance (OGTI) ☐ Member ☐ Spouse
b) Reserve Term Insurance Plan (RTIP) ☐ Member ☐ Spouse
c) Coverage After Release (CAR) ☐ Member ☐ Spouse
d) Insurance for Released Members (IRM) ☐ Member ☐ Spouse
e) Other (Please specify): ________________ ☐ Member ☐ Spouse

3. MEMBER – BENEFICIARY DESIGNATION

Note 1: 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 a change cannot be made without the spouse's written permission. If applicable, the irrevocable beneficiary must complete and sign the Release of Beneficiary form (Annex to 11E) and attach it to this application.

Note 2: The member (Block 1) and spouse may name any person(s) and/or organization(s) to be their beneficiary. If more than one primary beneficiary is to be named, tick PRIMARY in each applicable row and enter the desired percentage for each beneficiary in the last column. The total must equal 100%. If minor children are included, the date of birth of the children and the name and address of the Trustee/Tutor must be completed. Tick CONTINGENT for the naming of a secondary beneficiary in the case of death of the primary beneficiary(ies). The total for all contingent beneficiary(ies) must also equal 100%.

As the certificate holder, I hereby revoke any previous beneficiary designation(s) which I may have made under the Group Policy No. 901102 and hereby designate the following beneficiary(ies). This beneficiary designation is revocable unless stated otherwise.

Beneficiary(ies):	Name (in full) of Persons or Organizations	Relationship	Date of Birth			Percentage
☐ PRIMARY			dd	mm	yyyy	
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	

TRUSTEE/TUTOR		Address and telephone #:	

SN:

4. SPOUSAL – BENEFICIARY DESIGNATION

Note 1: The primary beneficiary is always the applicant per Block 1 (the Member), unless otherwise stated in writing by the applicant (Member).
Note 2: If a primary beneficiary, other than the applicant (Member), is to be named, the PRIMARY box is to be ticked and information completed accordingly. If more than one primary beneficiary is to be named, tick PRIMARY in each applicable row and enter the desired percentage for each beneficiary in the last column. The total must equal 100%. If minor children are included, the date of birth of the children and the name and address of the Trustee/Tutor must be completed. Tick CONTINGENT for the naming of a secondary beneficiary in the case of death of the primary beneficiary(ies). The total for all contingent beneficiary(ies) must also equal 100%.

If spousal contingent beneficiaries and/or the Trustee/Tutor are exactly the same as the Member's, tick here: ☐
You are, therefore, not required to complete this section.

As the insured, I hereby revoke any previous beneficiary designation(s) which I may have made under the Group Policy No. 901102 and hereby designate the following beneficiary(ies).
This beneficiary designation is revocable unless stated otherwise.

Beneficiary(ies):	Name (in full) of Persons or Organizations	Relationship	Date of Birth			Percentage
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	
☐ PRIMARY ☐ CONTINGENT			dd	mm	yyyy	

TRUSTEE/TUTOR | Address and telephone #:

5. SIGNATURE BLOCK (to be read and signed for all submissions)

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:

a) 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;

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

c) 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:** | dd | mm | yyyy

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.

6. MAILING INSTRUCTIONS

Regular Force Members:

Please return to:

SISIP Financial
4210 Labelle Street
Ottawa, ON K1A 0K2

Primary Reserve Force & Released Members:

Please return to:

SISIP Life Insurance – Manulife
P.O. Box 1030
2727 Joseph Howe Drive
Halifax, NS B3J 2X5

7. SISIP FINANCIAL REVIEW Verified and reviewed by (HQ staff only):

Name Printed	*Signature*	*dd*	*mm*	*yyyy*