CONSENT TO CHANGE OF IRREVOCABLE BENEFICIARY

For Canada Life Head Office Use

Canada Life Certificate Number

Please print clearly in INK. Please keep a copy for your records and follow the instructions (below) to send the original to The Canada Life Assurance Company.

1. General enrolment information

Plan number: 177914 Certificate number: _____

Plan sponsor: CANADA LIFE INSURANCE COMPANY OF CANADA

Plan member name (print): _____
last name first name middle initial

2. Privacy

This section explains Canada Life's commitment to privacy.

At The Canada Life Assurance Company we recognize and respect the importance of privacy.

Your personal information:

When you apply for coverage, we establish a confidential file that contains your personal information like your name, contact information, and products and coverage you have with us. Depending on the products or services you apply for and are provided with, this may also include financial or health information. Your information is kept in the offices of Canada Life or the offices of an organization authorized by Canada Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Canada Life.

Who has access to your information:

We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties and to persons to whom you have granted access. In order to assist in fulfilling the purposes identified below, we may use service providers located within or outside Canada. Your personal information may also be subject to disclosure to public authorities or others authorized under applicable law within or outside Canada.

What your information is used for:

Personal information that we collect will be used for the purposes of determining your eligibility for products, services or coverage for which you apply, providing, administering or servicing products or coverage you have with us, and for Canada Life's and its affiliates' internal data management and analytics purposes. This may include investigating and assessing claims, paying benefits, and creating and maintaining records concerning our relationship.The consent given in this form will be valid until we receive written notice that you have withdrawn it, subject to legal and contractual restrictions. For example, if you withdraw your consent, we may not be able to continue to adjudicate or administer a claim for benefits.

If you want to know more:

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to canadalife.com.

3. Consent

This section must be signed and dated in INK by the plan member.

I have read and understand and agree with the contents of the section on this form entitled "Privacy".

I, the undersigned irrevocable beneficiary under the above mentioned plan, hereby consent to my removal as irrevocable beneficiary and relinquish and release all rights and interest to any proceeds payable upon the death of the person insured.

For Québec applicants: I request that this form be in English.
Je demande que ce formulaire me soit remis en anglais.

Signature of Beneficiary: _____ Date: _____

Name of Beneficiary: _____

Please return the completed form and supporting documents to:

The Canada Life Assurance Company
Attn: Portable Benefits
330 University Avenue Toronto ON, M5G 1R8

OR

Email: portablebenefits@canadalife.com
Fax: 416.552.3373

Email Communication – Important Note: The internet is not a secure medium. If you have concerns about using email, you are encouraged to contact us by other means.

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