

## REQUEST FOR CHANGE OF NAMED BENEFICIARY ACCIDENT AND HEALTH POLICIES

As requested, this is a Change of Named Beneficiary form for your policy(ies). Please complete and return this request now. We will endorse the change and send you a photocopy to attach to your policy(ies). **REMEMBER** – until this form has been endorsed by the Company, the beneficiary has not been changed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

**I hereby revoke all prior Named Beneficiary Designations under the following Policy Number(s):**

Policy Number					

### NAMED BENEFICIARY

This is to request that any amount payable upon my death under said policy be paid to the Primary Beneficiary named below, if living at the time of my death. If the Primary Beneficiary is not living at the time of my death, benefits shall be paid to the Contingent Beneficiary named below. If the Contingent Beneficiary is not living at the time of my death, benefits shall be paid to my Estate. I reserve the right to revoke this designation and to nominate a different beneficiary.

Primary Beneficiary	Province	Date of Birth (MM/DD/YYYY)	Check box if beneficiary is a minor	% Share Must Equal 100%	Relationship to Proposed Insured	Revocable	Irrevocable
Name (First, Last)			<input type="checkbox"/>			<input type="checkbox"/> Initials	<input type="checkbox"/> Initials
Name (First, Last)			<input type="checkbox"/>			<input type="checkbox"/> Initials	<input type="checkbox"/> Initials

If the total percentage you have indicated is less than 100%, we will pay the benefits according to percentage you noted. The remaining unassigned percentage will be paid to your estate. If the indicated percentage totals more than 100%, we will reduce the designated percentages proportionately among surviving primary beneficiary(ies) as indicated.

This section should be completed if the Proposed Insured wishes to designate a contingent beneficiary in the event that there are no surviving beneficiaries when the benefit becomes payable.

If more than 2 Primary beneficiaries, please indicate on a separate page.

Continued on next page ...

Contingent Beneficiary	Province	Date of Birth (MM/DD/YYYY)	Check box if beneficiary is a minor	% Share Must Equal 100%	Relationship to Proposed Insured	Revocable	Irrevocable
Name (First, Last)			<input type="checkbox"/>			<input type="checkbox"/> Initials	<input type="checkbox"/> Initials
Name (First, Last)			<input type="checkbox"/>			<input type="checkbox"/> Initials	<input type="checkbox"/> Initials

**Trustee**

Any payment becoming due while the beneficiary is a minor\* are to be made to \_\_\_\_\_ as trustee. If no trustee is named, the payment will be made in accordance with the applicable Provincial and Federal laws of Canada, and may need to be paid into court.

**\*A minor is a child who has not reached the age of majority as defined by provincial legislation.**

**Quebec only:** If the above beneficiary is your married or civil union spouse, this designation is irrevocable unless the box revocable is checked and initialled. In Quebec, the death benefit payable to a minor will be paid to the parent(s) (or other legal guardian, if applicable). If you wish to have another person administering the child's death benefit, you should ensure you have the proper provisions in your will.

If more than 2 Contingent beneficiaries, please indicate on separate page.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Irrevocable Beneficiary, if Applicable

\_\_\_\_\_  
(Signature of the owner)

If the insured is not of legal age the change of beneficiary form must be signed by a parent or legal guardian.

**FOR HEAD OFFICE USE ONLY**

Date the foregoing request was received on: \_\_\_\_\_ (MM/DD/YYYY)

Received by: \_\_\_\_\_ (Name)

**This change will become effective on the date it is received by Combined Insurance / Combined Assurances Canadian Head Office, at the following address:**

Combined Insurance Company of America / Compagnie d'assurance Combined d'Amérique  
Canadian Head Office / Siège social canadien : P.O. Box 3720, MIP, Markham (Ontario) L3R 0X5  
Telephone / Téléphone : 1 888 234-4466  
www.combined.ca

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