

BENEFICIARY DESIGNATION AND CONTINGENT/SUCCESSOR OWNER OR SUBROGATED POLICYHOLDER NOMINATIONS

Please print clearly

Throughout this form, "Empire Life" means The Empire Life Insurance Company and "Owner" will mean Beneficial Owner for Nominee/Intermediary held Contracts.

Note to Advisor—use this form to:

- Name or change the beneficiary on an existing policy/contract or name additional beneficiaries, as a supplement to a new application, if more space is required. If this form is being used as a supplement to name additional beneficiaries for a new application, the terms Owner(s), Life Insured and Annuitant refer to the proposed Owner(s), Life Insured or Annuitant, as applicable; and/or
- Name or change a Contingent/Successor Owner or Subrogated Policyholder (in Quebec).

Select all that apply:

- Name or change the beneficiary(ies) on the following policy(ies)/contract(s). Please complete part A and B.
- Beneficiary designation as a supplement to a new application. Please complete part A and B.
- Name or change a Contingent/Successor Owner or Subrogated Policyholder (in Quebec) on the following policy(ies)/contract(s). Please complete Part A and C.

PART A

Policy/Contract number(s) (the policy(ies) listed below will be referred to as the "Policies")	Life Insured I (Life & Health Policies) or Annuitant (Investment Policies)	Life Insured 2 (Life & Health Policies)

Who will be the beneficiary(ies)?

Revocable/Irrevocable designations: A beneficiary designation is revocable unless you check the irrevocable box. In Québec, a spouse is irrevocable unless you check the revocable box. If you designate a beneficiary as irrevocable, you cannot change or revoke the beneficiary or exercise rights and privileges such as withdrawals, assignments, or transferring ownership without the irrevocable beneficiary's signature. If the irrevocable beneficiary is a minor, you cannot change or revoke the beneficiary or exercise rights and privileges until the minor reaches the age of majority.

Minors: Death Benefits will not be paid directly to a minor beneficiary. Outside Quebec, you should name a trustee for a minor beneficiary and any Death Benefits due to the beneficiary, while a minor, will be paid to the trustee. In Quebec, Death Benefits due to a beneficiary, while a minor, will be paid to the Tutor(s) unless you have appointed an Administrator or have established a formal trust. After the beneficiary reaches the age of majority, any Death Benefits due to the beneficiary will be paid directly to the beneficiary unless you have established a formal trust.

Multiple beneficiaries: If you name more than one beneficiary and do not indicate a percentage share, the benefits will be divided equally among all surviving beneficiaries. Percentages for all primary beneficiaries for each Life/Person Insured/Annuitant must total 100%.

Contingent beneficiary: A contingent beneficiary will only become a primary beneficiary if all of the primary beneficiary(ies) have died before the Life/Person Insured(s) or Annuitant, as applicable. Contingent beneficiaries are revocable.

PART B

Beneficiary(ies) – for Life Insured I (Life & Health Policies) or Annuitant (Investment Policies)				
Name (first, middle, last name or legal name of corporation/entity)			Relationship to Life Insured/Annuitant (in Quebec, relationship to Owner)	
<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share %	Date of birth for Minor Beneficiary (dd/mmm/yy)	Trustee name
Name (first, middle, last name or legal name of corporation/entity)			Relationship to Life Insured/Annuitant (in Quebec, relationship to Owner)	
<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share %	Date of birth for Minor Beneficiary (dd/mmm/yy)	Trustee name
Name (first, middle, last name or legal name of corporation/entity)			Relationship to Life Insured/Annuitant (in Quebec, relationship to Owner)	
<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share %	Date of birth for Minor Beneficiary (dd/mmm/yy)	Trustee name
Name (first, middle, last name or legal name of corporation/entity)			Relationship to Life Insured/Annuitant (in Quebec, relationship to Owner)	
<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share %	Date of birth for Minor Beneficiary (dd/mmm/yy)	Trustee name

PART B (cont'd)

Beneficiary(ies) for Life Insured 2 (Life & Health Policies only)				
Name (first, middle, last name or legal name of corporation/entity)		Relationship to Life Insured (in Quebec, relationship to Owner)		
<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share %	Date of birth for Minor Beneficiary (dd/mmm/yy)	Trustee name
Name (first, middle, last name or legal name of corporation/entity)		Relationship to Life Insured (in Quebec, relationship to Owner)		
<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share %	Date of birth for Minor Beneficiary (dd/mmm/yy)	Trustee name
Name (first, middle, last name or legal name of corporation/entity)		Relationship to Life Insured (in Quebec, relationship to Owner)		
<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share %	Date of birth for Minor Beneficiary (dd/mmm/yy)	Trustee name
Name (first, middle, last name or legal name of corporation/entity)		Relationship to Life Insured (in Quebec, relationship to Owner)		
<input type="radio"/> Primary <input type="radio"/> Contingent	If Primary <input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share %	Date of birth for Minor Beneficiary (dd/mmm/yy)	Trustee name

PART C

Contingent/Successor Owner or Subrogated Policyholder (in Quebec): (The Contingent/Successor Owner or Subrogated Policyholder (in Quebec) becomes the Owner if the current Owner(s) die(s).)		
First name	Middle initial	Last name or legal name of corporation/entity

Declaration and Authorization

Please read the following carefully as you may be revoking previously named beneficiaries and/or previously named Contingent/Successor Owner or Subrogated Policyholder (in Quebec).

By signing below I:

- revoke any former beneficiary designation I have made for the policies if, by this form, I am changing the beneficiary(ies) I previously designated for the policies.
- direct that any Death Benefits arising from the policies be payable to or for the benefit of the beneficiary(ies) named above in Part B in the manner indicated;
- revoke any former Contingent/Successor Owner or Subrogated Policyholder (in Quebec) nomination(s) I have made for the policies, if, by this form, I am changing the Contingent/Successor Owner or Subrogated Policyholder (in Quebec) I previously nominated for the policies.
- nominate the person/corporation/entity named in Part C above to be the Contingent/Successor Owner or Subrogated Policyholder (in Quebec) for the policies.
- authorize Empire Life to carry out the above-mentioned transaction(s) in keeping with the rights, terms and conditions of the policy/contract.
- understand that Empire Life may use third party service providers located inside or outside of Canada to process and store my personal information. To access a copy of the most recent Empire Life Privacy Policy, please visit the Empire Life website at www.empire.ca.

A photocopy or image of the signed Declaration and Authorization will be as valid as the original.

Signature of Owner (or first authorized signature for Corporate Owner) X	Print name of Owner (and title, if signing for corporation/entity)
Signature of Joint Owner (or second authorized signature for Corporate Owner) X	Print name of Joint Owner (and title, if signing for corporation/entity)
Signature of Irrevocable/Preferred Beneficiary(ies) (if applicable). I hereby give my consent to the above change. If this request is to change the beneficiary on an existing policy/contract, I hereby relinquish my rights as beneficiary. X	
Signature of Witness (other than beneficiary) X	Name of Witness (please print)
Signed at (City and Province)	Date (dd/mmm/yy)

RESERVED FOR HEAD OFFICE USE

Recorded only in the files of The Empire Life Insurance Company. Empire Life expresses no opinion on the validity of the requested change.

Signature

Date (dd/mmm/yy)