

DIRECTION TO PAY FOR CRITICAL ILLNESS POLICIES

Currently, legislation in all Provinces and Territories (except for Alberta, British Columbia, Manitoba, Ontario, or Québec) does not allow you to designate a beneficiary to receive any benefits that become payable for your Critical Illness policy.

- If you were a resident of any Province or Territory (excluding Alberta, British Columbia, Manitoba, Ontario, or Québec) when the application for the policy was signed and issued, this form can be used to identify who will receive benefits payable under your Critical Illness plan.
- If you do not designate a person for each coverage, we will pay these benefits in accordance with the terms of your policy.
- All proceeds from any Critical Illness Return of Premium on Death (ROPD) Rider will be paid to the Policy Owner or the Policy Owner’s estate, unless a direction to pay has been completed.

Section A – Policy Information

Policy Number	Name of Policy Owner	Date of Birth (dd/mmm/yyyy)
Name of Life Insured		Date of Birth (dd/mmm/yyyy)
Phone No.	Email address	

Section B – Direction to pay for Critical Illness Insurance Benefit

(including any Critical Illness Benefit, Maturity Benefit and Early Discovery Benefit)

Full Name	Relationship to the Life Insured	Percentage Share (must total 100%)
		%
		%
		%
		100%

Section C – Direction to pay for Return of Premium on Surrender rider

Full Name	Relationship to the Life Insured	Percentage Share (must total 100%)
		%
		%
		%
		100%

Section D – Direction to pay for Return of Premium on Death rider

If the Policy Owner is not the Life Insured, the following section can be completed to direct payment of benefits of this rider.

If this section is left blank, we will pay these benefits to the Policy Owner or to the Policy Owner’s Estate.

Full Name	Relationship to the Life Insured	Percentage Share (must total 100%)
		%
		%
		%
		100%

Section E – Signatures

By signing below:

- You revoke any existing direction to pay instructions for all coverages for the Life Insured person on this policy, AND, if applicable, all benefits payable under riders associated with those coverages and;
- You direct any benefits payable to the person or people named in this form and;
- You as a Policy Owner, understand that this direction to pay will not be in effect at your death and we will then subsequently pay benefits in accordance with the terms of your policy.

Province Signed	Date (DD/MMM/YYYY)	Signature	Print Name
		Policy Owner #1 and Title (if applicable) X	
		Policy Owner #2 and Title (if applicable) X	
		Irrevocable Beneficiary X	