THE Great-West Life ASSURANCE COMPANY

CONSENT TO CHANGE OF IRREVOCABLE BENEFICIARY

For GWL Head Office Use Only

GWL Certificate Number

Please print clearly and complete this form, in INK. The plan administrator should keep a copy of the completed form for their records and send the **original** to The Great-West Life Assurance Company. For self-administered plans, GroupNet clients who maintain their own plan members' records and *Client*TCL administered plans: the plan administrator should attach this form to the plan member's application.

1. General Enrollment Information

Plan number: _____

Plan sponsor: _____

Plan member name: _____
last name first name middle initial

Division number: _____ Plan member ID: _____

2. Privacy

This section explains Great-West Life's commitment to privacy.

Protecting Your Personal Information

At **The Great-West Life Assurance Company (Great-West Life),** we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West 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 Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West life who require it to perform their duties, to persons to whom you have granted access,and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. We collect, use and disclose the personal information to determine your eligibility for coverage and to administer the plan, including investigating and assessing claims, and creating and maintaining records concerning our relationship.

3. Consent

This section must be signed and dated in INK by the irrevocable beneficiary.

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: _____

Clear

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