

To avoid delays, please complete the required information by printing clearly in ink.

## 1. PLAN MEMBER INFORMATION

The Plan Member must complete the Plan Member Change Form to designate another beneficiary.

By signing this form, the irrevocable beneficiary agrees that the Plan Member can alter or revoke the irrevocable beneficiary designation.

Group \_\_\_\_\_ Account \_\_\_\_\_ Certificate \_\_\_\_\_

Plan Member \_\_\_\_\_  
First Name Initial Last Name

## 2. PRIVACY

### CO-OPERATORS LIFE INSURANCE COMPANY PRIVACY STATEMENT

Co-operators Life Insurance Company is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

Co-operators Life Insurance Company will collect, use and disclose personal information about you, your spouse or dependents for the purposes of providing group benefit plan administration, underwriting and claim services. We limit access to your personal information to staff or persons authorized by us who require it to perform their duties, to persons whom you have granted access, and to persons authorized by law. Our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. Your personal information may be collected by or transferred to a service provider outside of Canada for processing, storage, analysis or disaster recovery and may be subject to disclosure to those authorized under applicable laws of the foreign jurisdiction. You can find more details about Co-operators Life Insurance Company's privacy policy at [www.cooperators.ca](http://www.cooperators.ca). To obtain a copy of our privacy policy, or if you have any questions about the collection, use and disclosure of your personal information, please contact: The Co-operators Privacy Officer: Priory Square, Guelph ON N1H 6P8 Tel: 1-888-887-7773 email: [privacy@cooperators.ca](mailto:privacy@cooperators.ca) (please indicate Co-operators Life Insurance Company in your inquiry)

## 3. CONSENT OF IRREVOCABLE BENEFICIARY

I have read and understood the section entitled "Privacy" and I consent to the collection, use and disclosure of my personal information for the purposes stated.

I understand that: (a) the Plan Member previously designated me as the irrevocable beneficiary under group policy and (b) the Plan Member cannot alter or revoke the irrevocable beneficiary designation without my consent. I understand that the Plan Member wants to alter or revoke the irrevocable beneficiary designation. I hereby give my consent to the Plan Member to alter or revoke the beneficiary designation. In giving this consent, I understand that I am giving up my rights as the irrevocable beneficiary.

Irrevocable Beneficiary \_\_\_\_\_  
First Name Initial Last Name

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Beneficiary to be Revoked MMM/DD/YYYY