



**TD Insurance**  
 TD Life Insurance Company  
 P.O. Box 1  
 TD Centre  
 Toronto ON M5K 1A2

**Beneficiary Change Form**

Instructions to complete this form:

- Type or print all information using a ball point pen.
- Initial all corrections/changes, including any changes you make with correction fluid (liquid paper).
- Use of all lines is not required. If necessary, use a separate piece of paper to list all of your beneficiary designations. If you use a separate sheet please include your name and policy number on that sheet. All owners and existing irrevocable beneficiaries must sign and date the additional sheet.
- Provide the full name(s) of your beneficiary(ies).
- Specify the percent of benefit to be paid to each beneficiary.
- Use the enclosed postage-paid envelope to return to: TD Life Insurance Company, P.O. Box 1, TD Centre, Toronto, Ontario M5K 1A2
- You can also fax this form to: 1-888-788-0839

1. Information about the owner(s) of the Policy/Certificate

Policy/Certificate Number	
Name of Policy/Certificate Owner 1 (please print)	
Name of Policy/Certificate Owner 2 (please print)	

2. Your Primary Beneficiary designation

The primary beneficiary receives the benefits that are payable when the life insured dies.

\* If more than one primary beneficiary is appointed, proceeds will be payable to them in equal shares unless stated otherwise. Shares of all primary beneficiaries must total 100%.

Name(s) (please print) (First, middle, last)	Date of Birth (MM / DD / YYYY)	Relationship to the Insured Person	% of benefit *
<b>Total</b>			<b>100%</b>

### 3. Your Secondary Beneficiary designation

If all primary beneficiaries die before the life insured, the secondary beneficiary(ies) will receive the benefits payable when the life insured dies.

\* If more than one secondary beneficiary is appointed, proceeds will be payable to them in equal shares unless stated otherwise. Shares of all secondary beneficiaries must total 100%.

Name(s) (please print) (First, middle, last)	Date of Birth (MM / DD / YYYY)	Relationship to the Insured Person	% of benefit *
<b>Total</b>			<b>100%</b>

### 4. If the beneficiary is under the age of majority please appoint a trustee.

I appoint and authorize the person named below to act as trustee and to receive any payments on behalf of the beneficiary(ies) while under the age of majority. These proceeds are to be used solely for the support, maintenance, education and benefit of such beneficiary at the discretion of the trustee.

Trustee Name (please print) (First, middle, last)	Relationship to the Insured Person

### 5. Signatures of Policy Owners

By signing below, the Policy Owner(s) revoke all existing beneficiary designations and trustee nominations, and name the beneficiaries and trustees listed above. Unless otherwise specified all beneficiary designations are revocable.

If a Policy Owner is an individual, please sign the "Signature of Individual Policy Owner" box. If a Policy Owner is a corporation, please provide any of the following: names, titles and signatures of two signing officers; or name, title and signature of one signing officer, plus the company seal; or name, title and signature of one signing officer, plus their initials in the noted box to confirm that they have the authority to bind the company. By signing below, signing officers confirm that they have the authority to bind the company.

Signature of Policy/Certificate Owner 1		Date	
Signature of Policy/Certificate Owner 2		Date	
Corporate Policy/Certificate Owner 1	Initial if you are the only person to sign on behalf of a corporation with no corporate seal:	Initial here	
Signature of Signing Officer	Name of Signing Officer (please print)	Title	Date
Signature of Signing Officer	Name of Signing Officer (please print)	Title	Date
Corporate Policy/Certificate Owner 2	Initial if you are the only person to sign on behalf of a corporation with no corporate seal:	Initial here	
Signature of Signing Officer	Name of Signing Officer (please print)	Title	Date

**6. Signatures of Policy Owners**

By signing below, any existing irrevocable beneficiaries confirm that you are of the age of majority in the province where you reside and consent to the beneficiary designation described above. You understand that unless you have been named as an irrevocable beneficiary under this new designation, you relinquish all of your rights under this policy, including your rights as beneficiary.

Signature of Irrevocable Beneficiary 1	Name (please print)	Date
Signature of Irrevocable Beneficiary 2	Name (please print)	Date
Signature of Irrevocable Beneficiary 3	Name (please print)	Date
Signature of Irrevocable Beneficiary 4	Name (please print)	Date

\*TD Life Insurance Company is the authorized administrator for this insurance. For more details on insurer and/or administrator information, please refer to your Insurance Policy.

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