

**Member:**
**Identifier:**
**TO BE COMPLETED BY THE MEMBER**

<b>INSTRUCTIONS</b>	<b>STEP 1</b>	Complete this section only if your beneficiary was irrevocable. If this is not the case, go to step 2- (See section – <i>Details of Form D – Beneficiary(ies) designation (Retiree with a spouse)</i> , of this form).
	<b>STEP 2</b>	Complete the appropriate section to designate the new beneficiary(ies).
	<b>STEP 3</b>	Sign the form.

**STEP 1 – REVOCATION OF BENEFICIARY(IES)**

Complete this section only if the beneficiary(ies) designation was **IRREVOCABLE**

- The beneficiary's written consent is required to revoke an IRREVOCABLE beneficiary.
- Neither the participant nor the new beneficiary(ies) can serve as witnesses.
- Neither a beneficiary who is a minor nor their legal guardian can consent to the change until the minor reaches the age of majority.

If the irrevocable beneficiary is deceased a death certificate must be provided.

As a member, I hereby revoke the designation of: \_\_\_\_\_  
 \_\_\_\_\_ as the current  
 beneficiary(ies) and designate the beneficiary(ies) named in Step 2- Beneficiary(ies) designation of this form, in accordance with the provisions of the DGPP.

\_\_\_\_\_  
 Signature of member (handwritten signature only)

\_\_\_\_\_  
 Date

I, the undersigned, consent to the revocation of my designation as irrevocable beneficiary:

\_\_\_\_\_  
 Name of the revoked beneficiary

\_\_\_\_\_  
 Name of a witness

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of the revoked beneficiary  
 (Handwritten signature only)

\_\_\_\_\_  
 Signature of a witness  
 (Handwritten signature only)

\_\_\_\_\_  
 Name of the revoked beneficiary

\_\_\_\_\_  
 Name of a witness

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of the revoked beneficiary  
 (Handwritten signature only)

\_\_\_\_\_  
 Signature of a witness  
 (Handwritten signature only)

By signing, the witness confirms that the revoked beneficiary has signed this form in his or her presence.

## STEP 2 – BENEFICIARY(IES) DESIGNATION

### SECTION I - Spouse **did not waive** his or her right to a joint and survivor annuity

Upon my death, my spouse has priority over any designated beneficiary. In the event of his or her death before the end of the guaranteed period, I designate the following person(s) as beneficiary(ies) of the value of payments guaranteed by the DGPP.

Last, first name of beneficiary(ies)	Distribution	Date of birth	Status
	%	MM/DD/YYYY	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	%	MM/DD/YYYY	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
<b>Total</b>	<b>100%</b>		

OR

### SECTION II - Spouse **waived\*** his or her right to a joint and survivor annuity only for **service credited after 2012**

Upon my death, my spouse has priority over any designated beneficiary. In the event of his or her death before the end of the guaranteed period, I designate the following person(s) as beneficiary(ies) of the value of payments guaranteed by the DGPP.

Last, first name of beneficiary(ies)	Distribution	Date of birth	Status
	%	MM/DD/YYYY	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	%	MM/DD/YYYY	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
<b>Total</b>	<b>100%</b>		

SERVICE BEFORE 2013  
JOINT AND SURVIVOR  
ANNUITY

In the event of my death before the end of the guaranteed period, I designate the following person(s) as beneficiary(ies) of the value of payments guaranteed by the DGPP. The spouse may be designated.

Last, first name of beneficiary(ies)	Distribution	Date of birth	Status
	%	MM/DD/YYYY	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	%	MM/DD/YYYY	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
<b>Total</b>	<b>100%</b>		

SERVICE AFTER 2012  
GUARANTEED ANNUITY

*\*Form C - Spousal waiver of joint and survivor pension is required*

OR

### SECTION III - Spouse **waived\*** his or her right to a joint and survivor annuity for **the entire credited service**

In the event of my death before the end of the guaranteed period, I designate the following person(s) as beneficiary(ies) of the value of payments guaranteed by the DGPP. The spouse may be designated.

Last, first name of beneficiary(ies)	Distribution	Date of birth	Status
	%	MM/DD/YYYY	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	%	MM/DD/YYYY	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
<b>Total</b>	<b>100%</b>		

*\*Form C - Spousal waiver of joint and survivor pension is required*

## STEP 3 – SIGNATURE

Signature of member (handwritten signature only)

Date

Date of birth (month/day/year)

Name of member

Identifier

## DETAILS OF FORM D – BENEFICIARY(IES) DESIGNATION (Retiree with a spouse)

Subject to the *Supplemental pension plans act*, the law provides at the time of death that:

- A member with a spouse: A spouse has always priority on the others beneficiaries.
- A member without spouse: The beneficiary is the one designated by the member.

Your beneficiary shall only have rights if:

- You have no spouse within the meaning of the Plan on the date of your death; or
- Your spouse has waived his/her right to the death benefit provided for under the legislation.

If you use these words «heirs», «assigns», «estate», «liquidator», «executor», «legal representative» or any similar words, the beneficiary is your estate.

A designation of beneficiary can be revocable or irrevocable:

**REVOCABLE:** Means that the beneficiary designation can be changed without the beneficiary's consent.

**IRREVOCABLE:** Means that the beneficiary CANNOT be changed without the beneficiary's written consent. The IRREVOCABLE designation of a minor cannot be changed until he or she reaches the age of majority.

The Civil Code of Quebec contains special rules with respect to the revocability of the designation of beneficiary as indicated below:

- If the beneficiary is your married spouse, the designation is automatically irrevocable, unless you check the box which says «revocable».
- If the beneficiary is a person other than your married spouse, the designation is automatically revocable, unless you check the box which says «irrevocable».

For all other provinces, the beneficiary designation is REVOCABLE, unless otherwise stipulated.

The beneficiary designation may be revoked by a new designation or by a will dated subsequently. In this case, the revocation contained in the member's will must identify the Desjardins Group Pension Plan.

It is also important to note that, under certain circumstances, there may be no benefit payable upon your death.

If you have any questions, please contact DGPP Member Services, see section – *Additional information*, on the Benefits statement.

### ADDITIONAL INFORMATION

#### DGPP Member Services

Monday to Friday, from 8:30 a.m. to 4:30 p.m.

#### By phone

Call us at 1-866-434-3166 or 514-285-3166

#### By secure messaging

Write to us via the secure [Contact us](#) section of the DGPP website at [rcd-dgp.com](http://rcd-dgp.com)

### HOW TO SEND YOUR DOCUMENTS

Via secure messaging through the [Contact us](#) section of the DGPP website at [rcd-dgp.com](http://rcd-dgp.com)

#### By mail or internal mail to

Desjardins Insurance  
LEV 200 – SS – G  
200 Rue Des Commandeurs  
Lévis QC G6V 6R2