

# PLANDIRECT GUARANTEED LIFE INSURANCE CHANGE FORM

Insured Name Change and/or Change of Beneficiary and/or Change of Smoking Status

Name Change

Beneficiary Change

Change in Smoking Status

Note: Please Print In Ink

## POLICY INFORMATION

|  |                                   |                        |          |             |
|--|-----------------------------------|------------------------|----------|-------------|
| <b>Policy No.</b>                              | <b>Name of Policyholder</b>       | <b>For PDAdmin Use</b> |          |             |
| 100006642                                      | PlanDirect Insurance Services Inc |                        |          |             |
| Insured's Last Name (must always be completed) |                                   | Given Name             | Initial  |             |
|  |                                   |                        |          |             |
| Street   | Apt. #                            | City                   | Province | Postal Code |
|  |                                   |                        |          |             |
| Telephone Number (Home)                        | Telephone Number (Work)           | Email                  |          |             |
|  |                                   |                        |          |             |

## CHANGE OF INSURED'S NAME

|                         |            |         |
|-------------------------|------------|---------|
| Insured's NEW Last Name | Given Name | Initial |
|                         |            |         |

## CHANGE OF BENEFICIARY DESIGNATION

|                           |            |                         |
|---------------------------|------------|-------------------------|
| NEW Beneficiary Last Name | Given Name | Relationship to Insured |
|                           |            |                         |

(Note: If more space is needed, please attach a separate sheet of paper, dated and signed.)

If you are naming a beneficiary who is under the age of 18, you should name a trustee to receive the monies in trust for the beneficiary.

Name of Trustee for any Minor beneficiary

To the extent permitted by law, I reserve the right to alter or revoke the beneficiary designation. The beneficiary designation stated on this form will supersede all prior dated designations and will apply to all coverage in force under this policy unless specific instructions to the contrary have been received by PlanDirect Insurance Services Inc.

\***Quebec Residents:** If you designate your spouse as a beneficiary, this designation is irrevocable unless you check this box.  Revocable

## CHANGE IN SMOKING STATUS

Please Check Applicable:

Change from Smoker to Non-Smoker Rates

Change from Non-Smoker to Smoker Rates

## DECLARATION AND AUTHORIZATION

I confirm that:

- i. If I have indicated a change from Smoker to Non-smoker Rates, I confirm that I have not smoked cigarettes, cigars, cigarillos, pipe, marijuana, or used snuff, chewing tobacco or nicotine products (patch, gum etc) within the last 24 months. I understand that my coverage will be changed to Non-Smoker Rates effective the first of the month following the date this change form is approved by Plan Direct Insurance Serviced Inc.

Date: \_\_\_\_\_ Signature of Insured: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_  
(Must be legal age or over and someone other than the beneficiary)

Return completed form to: PD Admin Group, 211 Consumers Road, Suite 200, Willowdale, ON M2J 4G8

Underwritten By: Industrial Alliance Pacific Insurance and Financial Services Inc., Special Markets Group,  
2165 Broadway W, P.O. Box 5900, Vancouver, BC V6B 5H6