



Revocation Consent Form

IMPORTANT:

To change the beneficiary status from irrevocable to revocable, consent from your existing beneficiary is required prior to making the change.

If the insured is a resident of Quebec, the appointment of a legal spouse as beneficiary is irrevocable unless designated revocable. The appointment of any other beneficiary, including common-law spouse, is revocable unless irrevocable designation is assigned.

TEAM MEMBER'S INFORMATION

Team Member Name: Last Name, First Name
Team Member ID: T-ID

INSURANCE INFORMATION

Select by checking the box next to the insurances covered by this revocation consent form

Team member	Primary life	<input type="checkbox"/>
	Primary accident	<input type="checkbox"/>
	Optional life	<input type="checkbox"/>
	Optional accident	<input type="checkbox"/>
Spouse	Optional life	<input type="checkbox"/>
	Optional accident	<input type="checkbox"/>
Child	Optional life	<input type="checkbox"/>
	Optional accident	<input type="checkbox"/>

CONSENT OF EXISTING BENEFICIARY

I, the undersigned irrevocable beneficiary under the above mentioned plan(s), 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. I hereby certify that I have attained the legal age of majority.

Signature of beneficiary: _____ Date: _____

Name of beneficiary (printed): _____

Return signed form to:

Benefits
6-3777 Kingsway
Burnaby, BC V5H 3Z7
E-mail: benefits@telus.com
Fax: 1-888-783-1182

Scanned and faxed copies are accepted; keep original copy for your filing.