

The Edge Benefits is requested and authorized to make the changes below.

SECTION 1: GENERAL INFORMATION (please print clearly)

Insured Person _____ Policy Number(s) _____
 Last Name First Name
 Date of Birth: _____ home phone number _____
 day/month/year
 Mailing Address: _____ business or cell number _____
 Street Apt/Suite
 City/Town Province Postal Code email address

INSTRUCTIONS:

1. Only complete the sections of the form where change is required.
2. Before returning, please check that the appropriate section is fully completed and the signatures have been witnessed and dated

SECTION 2: ADDRESS CHANGE

New Mailing Address: _____ Effective Date of Change _____
 Street Apt/Suite
 City/Town Province Postal Code NEW home phone number

SECTION 3: CHANGE OF NAME

REASON FOR CHANGE: Marriage Divorce Date of Change: _____

ATTACH ORIGINAL OR NOTARIZED COPIES OF LEGAL DOCUMENTS

Error (explain) _____

Court Order (explain) _____

PRINT NAME AND ADDRESS OF WITNESS HERE:

 Signature of Policy Owner Date Witness,

SECTION 4: CHANGE OF 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 The Edge Benefits Inc. Where no beneficiary is indicated, benefits will be payable to the estate of the insured. Under Accidental Death and Dismemberment² Coverage, the beneficiary in the event of death of the spouse and/or dependent children will be the Applicant.

Beneficiary _____ Relationship _____

TRUSTEE: _____ Relationship of _____
 (for minor beneficiaries) _____ Trustee to Beneficiary _____

PRINT NAME AND ADDRESS OF WITNESS HERE:

 Signature of PolicyOwner Date Witness

Loss of Income, including the Accidental Death & Dismemberment and Accidental Medical Reimbursement Benefits up to \$10,000 provided by RBC Life Insurance Company.
²Accidental Death & Dismemberment provided by American Home Assurance Company.
 Out of Province Emergency Medical provided by RBC Insurance Company of Canada.
 Guaranteed Issue Critical Illness and Final Expense Coverage are provided by Industrial Alliance Pacific Insurance and Financial Services Inc.

(APR.02)