

I hereby assign to _____ (the **“Assignee”**) the following amount from the group life insurance benefit payable on my death under Group Policy No. _____ (the **“Group Policy”**)
 Division No. _____ Certificate No. _____ issued by The Canada Life Assurance Company
“Canada Life”) to Doctors Manitoba (the **“Policyholder”**) \$ _____ (the **“Assigned Amount”**).

I represent and warrant that I have not designated a beneficiary irrevocably for the Assignment Amount.

I understand and agree that:

1. This assignment does not apply to any group life insurance benefit payable on my death under the Group Policy for which I have designated an irrevocable beneficiary.
2. In the event of my death, the Assigned Amount will be paid to the Assignee and the balance of the life insurance benefit amount payable under the Group Policy, if any, shall be paid in accordance with any beneficiary designation in the effect at the time of my death.
3. In the event the group life insurance benefit amount payable on my death under the Group Policy is less than Assigned Amount, the entire benefit amount will be payable to the Assignee.
4. The assignment may not be revoked without written consent of the Assignee.
5. Canada Life is not responsible for the validity or effect of this assignment.

Date: _____

Plan Member Signature: _____ Witness Signature: _____

Plan Member Name (please print): _____ Witness Name (please print): _____

Plan Administrator Information

Date (Month/Day/Year)	Name of Plan Administrator (Please print)
Telephone No. ()	Plan Administrator Signature (together with the consent in writing of the Policyholder)