

# Beneficiary Designation or Change Form

Using this form to designate or change a beneficiary revokes only those designations for coverage checked by you.

## A. EMPLOYEE INFORMATION:

Name:	Group No.:	Account No.:	P.I.D. No.:
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## B. NOTIFICATION:

<input type="checkbox"/> Add beneficiary			
<input type="checkbox"/> Change beneficiary	Change applies only to coverages checked:	<input type="checkbox"/> Basic Life/AD&D	<input type="checkbox"/> Optional Life <input type="checkbox"/> Optional AD/D

## C. BENEFICIARY DESIGNATION:

I, \_\_\_\_\_, do hereby revoke all previous beneficiary designations for the coverage checked above and declare that all benefits payable under the Policy after my death for the coverage checked, shall be paid to the following:

**Primary Beneficiary(ies)** - in equal shares unless other percentage indicated

Name(s)	Relationship(s)	% Share

## D. CONTINGENT BENEFICIARY(IES) DESIGNATION:

**In the event the Primary Beneficiary(ies) predeceases the employee, the following Contingent Beneficiary(ies) shall be entitled to the benefits, paid in equal shares unless otherwise indicated:**

Name(s)	Relationship(s)	% Share

**In Quebec any designation naming a spouse is an irrevocable designation.**

In the event all Beneficiaries predecease the employee, benefits shall be paid to the employee's estate.

**Policy proceeds cannot be paid to a minor. If a minor is named as a beneficiary, you should consider naming a trustee. If naming a trustee, you may wish to consider limiting the designation to affect only children under the age of 18 or creating a trust agreement or referencing an existing trust agreement. Where a trustee is named, without limitation the benefits will be paid to the trustee.**

Trustee: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

## E. EMPLOYEE SIGNATURE:

Signed this: _____ day of _____, _____.
Employee Signature: _____
Witness Signature: _____ (must be witnessed by someone other than beneficiary)

**Please keep a copy of this designation for your records.**