

# Designation of Beneficiary Form

Please print clearly, both sides, sign and date form. Make a copy for your records.

**By completing this form, I revoke all previously nominated beneficiary designations and make the following nominations, where permitted by law.**

*Complete each section for any benefits for which you are applying. If your current beneficiary nomination is irrevocable, your current beneficiary must agree to revoke their rights by completing a Consent by Beneficiary Form. If you need more space for additional beneficiaries, please photocopy this blank page.*

Beneficiary for Member BASIC Life Insurance Great-West Life Policy 156241				
Complete this section.	Name (first, last)	Date of Birth (yyyy/mm/dd)	Relationship to you	Percentage (must total 100%)
In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. <input type="checkbox"/> Revocable beneficiary				

Beneficiary for Member BASIC Accidental Death & Dismemberment (AD&D) Insurance CHUBB Policy AB1051801				
Complete this section.	Name (first, last)	Date of Birth (yyyy/mm/dd)	Relationship to you	Percentage (must total 100%)
In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. <input type="checkbox"/> Revocable beneficiary				

Beneficiary for Member OPTIONAL Life Insurance (if applicable) Great-West Life Policy 156243				
Complete this section only if you are applying for Optional Life coverage for yourself.	Name (first, last)	Date of Birth (yyyy/mm/dd)	Relationship to you	Percentage (must total 100%)
In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. <input type="checkbox"/> Revocable beneficiary				

Beneficiary for Member OPTIONAL Accidental Death & Dismemberment (AD&D) Insurance (if applicable) CHUBB Policy OE1058101				
Complete this section only if you are applying for Optional AD&D coverage.	Name (first, last)	Date of Birth (yyyy/mm/dd)	Relationship to you	Percentage (must total 100%)
In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. <input type="checkbox"/> Revocable beneficiary				

### Beneficiary for all other coverages

You are automatically the beneficiary of any optional Critical Illness coverage you select as well as any optional Life or AD&D coverage selected for a dependent (spouse or child). To designate an alternate beneficiary, please see your plan administrator.

### Nomination of trustee for minor beneficiaries other than Quebec residents

If you wish to designate minor child(ren) as beneficiary(ies), a trustee must be designated.

Any payments becoming due while the beneficiary(ies) are a minor\* are to be made to \_\_\_\_\_ as trustee, or failing such trustee to the duly appointed guardian of such minor children as trustee. Payment to the trustee will discharge the insurer.

\*A minor is a child who has not reached the age of majority as defined by provincial legislation.

### Appointing minor beneficiaries for Quebec residents

In Quebec, any amount payable to a minor beneficiary during his or her minority will be paid to the minor child's tutor (surviving parent or legal guardian). A lawyer or notary should be consulted.

Any payments becoming due while the beneficiary(ies) are a minor\* are to be made to \_\_\_\_\_ as the minor child's tutor. Payment to the minor child's tutor will discharge the insurer.

\*A minor is a child who has not reached the age of 18 years.

### Privacy, Authorizations, Declarations

The personal information the plan administrator collects concerning you and your dependents is kept in strict confidence and used only for the purposes you have authorized. Your personal file is kept at the plan administrator's offices. You have the right to request access to your personal information, and, if necessary, correct any inaccurate information and/or make changes to current information whenever necessary. In order to do so, send a written request to the plan administrator.

Access to your personal information will be limited to the plan administrator and insurers in the performance of their jobs, individuals to whom you have consented access, and persons authorized by law.

I HEREBY CONFIRM that if any of the above named beneficiary(ies) predeceases me, and no other beneficiary has been named, the applicable benefit(s) will be paid to my estate.

I HEREBY CONFIRM that the information contained in this form is true and complete to the best of my knowledge.

Signature *(You must sign and date the form)*

Member name (print)

Member # (if known)

Date (yyyy/mm/dd)

Member's signature

X