

Appointment of Beneficiary for AMSC Insurance Services Ltd.

I HEREBY DESIGNATE		
	Name and	d Relationship (Please Print)
AS MY BENEFICIARY(IES) WITH	H RESPECT TO	LOSS OF LIFE BENEFITS PAYABLE UNDEF
INDUSTRIAL ALLIANCE PACIF	IC INSURANCE	AND FINANCIAL SERVICES INC. POLICY
NO 'S 119-1549 119-3327 10000)5055 OR THEI	R REPLACEMENTS ISSUED TO ALBERTA
		R REIEMENTS ISSUED TO MEDERTI
URBAN MUNICIPALITIES ASSOC	CIATION.	
		insurance coverage may be collected and used by or disclosed ourpose of administration, marketing of products and services
DATED THIS	DAY OF	
SIGNED IN THE PRESENCE OF:)	
)	
)	
Signature of Witness)	Signature of Insured Person
		Name of Language (Discourse)
		Name of Insured Person (Please Print)