

# APPOINTMENT OF BENEFICIARY



## Instructions

Complete in ink only and do not use correction fluid as this is a legal document. Initial any changes or corrections. Print clearly in dark ink and return this signed original form to your plan administrator.

### 1 Plan Member Information

Certificate #	First name	Last name	Organization name
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### 2 Beneficiary Designation

**Complete in ink only and do not use correction fluid as this is a legal document. Initial any changes or corrections.** This beneficiary designation applies to all benefits where a beneficiary is payable (such as Life, Disability or Critical Illness) unless otherwise specified. In the event you list more than one beneficiary, ensure the total share percentage you allocate adds up to 100%. If there is not enough room to list all beneficiaries, attach an additional sheet. If you do not designate a beneficiary, proceeds will be paid to your estate. Policy proceeds cannot be paid to a minor or an individual lacking legal capacity. If you wish to name a beneficiary that is a minor, or an individual that lacks legal capacity, it is strongly advised that you consult a legal advisor before doing so. Should you wish to use this form to name a trustee, complete section 2C and ensure that the trustee you have selected has been advised.

#### For Quebec Residents Only

Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the box marked "Revocable", below. For reference these terms may be summarized as follows:

- Revocable - Designation can be changed without the beneficiary's consent.
- Irrevocable - Designation cannot be changed without the beneficiary's consent, unless the beneficiary is deceased. If you designate a minor as an irrevocable beneficiary, the designation cannot be changed until the person reaches the age of majority (as defined by their province of residence).

### 2A Primary Beneficiary Designation

First name	Last name	Date of birth (yyyy-mm-dd) If under 18 complete section 2C	Relationship to employee	Designation QC residents only	Share %
				Revocable Irrevocable	
				Revocable Irrevocable	
				Revocable Irrevocable	
				Revocable Irrevocable	
				Revocable Irrevocable	

Share total must equal 100%

### 2B Contingent Beneficiary Designation (optional)

If there are no surviving primary beneficiaries at the time of your death, the following contingent beneficiaries will receive the proceeds. If there are no surviving primary or contingent beneficiaries, the proceeds will be paid to your estate.

First name	Last name	Date of birth (yyyy-mm-dd) If under 18 complete section 2C	Relationship to employee	Designation QC residents only	Share %
				Revocable Irrevocable	
				Revocable Irrevocable	
				Revocable Irrevocable	
				Revocable Irrevocable	

Share total must equal 100%

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## 2 Beneficiary Designation Continued

### 2C Trustees for Minor Beneficiaries

If you have already, in any document, made a Trustee/Administrator appointment which might apply, we advise that you consult first with your legal advisor before completing this Trustee section. It is also recommended that you get approval from your chosen Trustee prior to naming them herein.

I hereby appoint the following Trustee, if designated herein, to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group benefits plan where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will release the underwriting carrier from further liability. The Trustee shall act prudently and may use the money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary. The trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time, the Trustee shall deliver to the beneficiary all assets held in trust.

In Quebec, there may be issues with respect to the appointment of a trustee, you should consult your legal advisor before appointing a trustee.

Minor beneficiary name(s)	Trustee first name	Trustee Last name	Trustee relationship to employee

### 2D Out of Country Beneficiary Contact Information (optional)

If any beneficiaries reside outside of Canada please provide contact information for that beneficiary.

Beneficiary name	Country	Address	Phone number

## 3 Employee Authorization

I hereby revoke any previous beneficiary designations in relation to my foregoing coverage(s) and designate the person(s) named above in Section 2. I certify that the information given by me in this form is true, correct and complete to the best of my knowledge, and I agree that a copy or electronic version of this authorization shall be as valid as the original.

### Return this signed original form to

Employee first & last name	Date signed (yyyy-mm-dd)	Employee signature
		X