

Beneficiary Designation Form

Member Last Name:

Member First Name:

Certificate #:

Employer / Agency Name:

Employer Location #:

Primary Beneficiary

I, the undersigned, do hereby revoke all previous beneficiary nominations and declare that at my death all insurance proceeds shall be payable to:

Last Name	First Name	Date of Birth	%	Relationship to Member	Revocable?	*Irrevocable?

- Total Percentage Allocated must equal 100%
- Unless otherwise stipulated and unless prohibited by law, the designation of any beneficiary is revocable.
- *Quebec Residents Only: If you have appointed your spouse as beneficiary, it will be irrevocable. If it should be revocable, please indicate in the beneficiary section.
- The employee is beneficiary of all insurance on the lives of his or her dependents.

Contingent Beneficiary Designation: If you wish to appoint a contingent beneficiary in the event that there are no surviving primary beneficiaries at the time of your death, please completed this section.

Contingent Beneficiary

If there are no surviving beneficiaries at the time of my death, I declare that the following Contingent Beneficiaries shall receive the proceeds. If there are no surviving Contingent Beneficiaries at the time of my death, the proceeds shall be paid to my estate.

Last Name	First Name	Date of Birth	%	Relationship to Member	Revocable?	*Irrevocable?

Dated at:

 City or Town

 Province

 Month

 Day

 Year

**Signature of Member

Name of Witness

** Signature of Witness

**All signatures must be handwritten