



Beneficiary Designation

EMPLOYEE INFORMATION ______ Firm # ______ Certificate # _____ Employee's Name ____ Firm Name PRIMARY DESIGNATION I hereby name the following beneficiary(ies) of any Life Insurance benefits payable as a result of my participation in this plan. Last Name First Name and Initial % of Benefit Relationship to Employee **Birthdate** Divided: ☐ As per percentages above (must total 100%) ☐ In equal shares to survivor(s) When Quebec law applies, a spouse beneficiary is irrevocable (an irrevocable beneficiary must consent to any change) unless you make the designation revocable by checking here: **Revocable**, I may change this designation at any time. Trustee/Administrator Designation: If the beneficiary is under the age of majority, I appoint the trustee/administrator named below to receive any amount payable to a minor beneficiary under this policy. The trustee/administrator shall discharge the Insurer for the amount paid. I authorize the trustee/administrator to spend all or part of the amount, or interest earned on it, for the support or education of the minor. **Full Name** Relationship with Employee If you are designating a trustee/administrator, you should consult with a legal advisor and any proposed trustee/administrator. For Quebec Only: The appointment will be interpreted in accordance with provisions governing the administration of property of others, under Quebec Civil Code. CONTINGENT DESIGNATION You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy if all of the primary beneficiary(ies), named above, should die before you. In that event, a contingent beneficiary will automatically be entitled to the benefit that would have been payable to the primary beneficiary(ies). Should there not be any surviving beneficiary(ies) at the time of your death, the proceeds will be paid to your estate. Last Name First Name and Initial % of Benefit Relationship to Employee Birthdate Divided: ☐ As per percentages above (must total 100%) ☐ In equal shares to survivor(s) When Quebec law applies, a spouse beneficiary is irrevocable (an irrevocable beneficiary must consent to any change) unless you make the designation revocable by checking here: **Revocable**, I may change this designation at any time. Trustee/Administrator Designation: If the beneficiary is under the age of majority, I appoint the trustee/administrator named below to receive any amount payable to a minor beneficiary under this policy. The trustee/administrator shall discharge the Insurer for the amount paid. I authorize the trustee/administrator to spend all or part of the amount, or interest earned on it, for the support or education of the minor.

If you are designating a trustee/administrator, you should consult with a legal advisor and any proposed trustee/administrator. For Quebec Only: The appointment will be interpreted in accordance with provisions governing the administration of property of others, under Quebec Civil Code.

Full Name

Relationship with Employee





Beneficiary Designation

Employee's Name		Firm #	Certificate #	
Declaration and Authorization for the Collection and Communication of Personal Information All the information I have provided on the form is accurate and complete, to the best of my knowledge.				
·	vestigation, claim management, underw des medical and health professionals, f	riting and for determining Pla acilities or providers, insurance		
I acknowledge that more specific information about collection and use of my personal information can be found in the Privacy Policy on www.chamberplan.ca or from the administrator of my benefit program. A photocopy of this authorization is as valid as the original.				
Signature of Employee		Date	Date	
Please return this form to our office.				
Fax 204 774-6698 or 1 800 457-8410	Email chambers@johnstongroup.ca	Mail Chambers of Comme 1051 King Edward Str Winnipeg, MB R3H 0		