Beneficiary Designation

Please mail original completed form to BBD:

Western Canada
500-2755 Lougheed Highway, Port Coquitlam, BC V3B 5Y9
Fax: 604.464.7997 Toll Free Fax: 800.667.1336

Eastern Canada
3–55 Rideau Street, Kingston, ON K7K 2Z8
Fax: 613.530.3770 Toll Free Fax: 888.272.0414

Name of Employer:

▶ *To use this form you must already be insured under your employer's plan.* ◀
▶ *For a new enrollment complete a Group Insurance Enrollment form.* ◀

▶ *PLEASE PRINT. Submit original form only — fax copies or photocopies cannot be accepted.* ◀

▶ Employee – Complete for Change of Beneficiary ◀

Employee Last Name | First Name | Initial

Beneficiary Designation (use full legal name – e.g. Mary Jane Doe, not Mrs. John Doe)
I revoke all previous beneficiary appointments and designate as revocable beneficiary in the event of my death:

_____ _____ _____%

_____ _____ _____%

Full Legal Name | Relationship | Share of Proceeds

Trustee Designation
(complete only if beneficiary is under age 18)
I appoint as revocable Trustee to receive any amount which may be due my beneficiary, while such beneficiary is a minor:

_____
Full Legal Name

▶ *Important Note* ◀

For a Beneficiary Designation, your signature must be witnessed by someone over the age of 18 who is not related to you and who is not your beneficiary.

X _____
Signature of Employee Date

X _____
Signature of Witness Date

05-2010