

Member Name (Last, First)			
Name of School Board			
Policy Number(s)	49731	OPC #	Employee ID

**BENEFICIARY DESIGNATION – OPTIONAL TERM LIFE INSURANCE**

*To name a contingent beneficiary, complete the Contingent Beneficiary form.*

Beneficiary's Name (Last, First)	Date of Birth (dd/mm/yyyy)	Percentage	Relationship
1. _____	_____	%	_____
2. _____	_____	%	_____
3. _____	_____	%	_____

I appoint \_\_\_\_\_ as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).

**For residents of Quebec only:** A spousal beneficiary designation is irrevocable unless you make the designation revocable by checking here  
REVOCABLE

**BENEFICIARY DESIGNATION – TERM ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE**

*To name a contingent beneficiary, complete the Contingent Beneficiary form.*

Beneficiary's Name (Last, First)	Date of Birth (dd/mm/yyyy)	Percentage	Relationship
1. _____	_____	%	_____
2. _____	_____	%	_____
3. _____	_____	%	_____

I appoint \_\_\_\_\_ as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).

**For residents of Quebec only:** A spousal beneficiary designation is irrevocable unless you make the designation revocable by checking here  
REVOCABLE

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may wish to designate one or more contingent beneficiary(ies) to receive any proceeds under this group policy, if all of the primary beneficiary(ies) named for either coverage, should die before you. In that event, a contingent beneficiary(ies) 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.

**CONTINGENT BENEFICIARY DESIGNATION – OPTIONAL TERM LIFE INSURANCE**

Contingent Beneficiary's Name (Last, First)	Date of Birth (dd/mm/yyyy)	Percentage	Relationship
1. _____	_____	_____ %	_____
2. _____	_____	_____ %	_____
3. _____	_____	_____ %	_____

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTINGENT BENEFICIARY DESIGNATION – TERM ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE**

Contingent Beneficiary's Name (Last, First)	Date of Birth (dd/mm/yyyy)	Percentage	Relationship
1. _____	_____	_____ %	_____
2. _____	_____	_____ %	_____
3. _____	_____	_____ %	_____

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_