

Member Name			
Name of School Board			
Policy Number(s)	175361	OPC #	Employee ID

BENEFICIARY DESIGNATION – OPTIONAL TERM LIFE INSURANCE

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

Beneficiary's Name (last, first, initial)	Date of Birth (dd/mmm/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 <input type="checkbox"/>
---	--

BENEFICIARY DESIGNATION – TERM ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE

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

Beneficiary's Name (last, first, initial)	Date of Birth (dd/mmm/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 <input type="checkbox"/>
---	--

Date: _____ Member Signature: _____

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, initial)	Date of Birth (dd/mmm/yyyy)	Percentage	Relationship
1. _____	_____ / _____ / _____	_____ %	_____
2. _____	_____ / _____ / _____	_____ %	_____
3. _____	_____ / _____ / _____	_____ %	_____

Date: _____ Member Signature: _____

CONTINGENT BENEFICIARY DESIGNATION – TERM ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE

Contingent Beneficiary's Name (last, first, initial)	Date of Birth (dd/mmm/yyyy)	Percentage	Relationship
1. _____	_____ / _____ / _____	_____ %	_____
2. _____	_____ / _____ / _____	_____ %	_____
3. _____	_____ / _____ / _____	_____ %	_____

Date: _____ Member Signature: _____