

BENEFICIARY DESIGNATION

Member Name	_			
Name of School Board				
Policy Number(s) 175361	OPC#	Employee II	D	
BENEFICIA	RY DESIGNATION – OI	PTIONAL TERM LIF	E INSURANCE	
To name a contingent beneficiary, pleas	se complete the Continge	ent Beneficiary form.		
Beneficiary's Name (last, first, initia	al) Date of Birth (dd	/mmm/yyyy) Per	centage Rela	ationship
1.	/	/	%	
2.				
			%	
3.	1	,	0/	
	/	/	% For residents of	Quebec only: A spousal
I appoint any amount due to any benefici			, -	tion is irrevocable unless you in revocable by checking here
applicable in Quebec).	dry under the upe	Of majority the	IIIdke tile uesignatio	REVOCABLE \(\triangle \)

BENFFICIARY DESIGNAT	ION – TERM ACCIDEN	ITAL DEATH & DIS	 MEMBERMENT (COVERAGE
BENEFICIARY DESIGNAT To name a contingent beneficiary, pleas				COVERAGE
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To name a contingent beneficiary, please Beneficiary's Name (last, first, initial) 1.	se complete the Continge	ent Beneficiary form.		
To name a contingent beneficiary, please Beneficiary's Name (last, first, initial	se complete the Continge	ent Beneficiary form.	centage Rela	
To name a contingent beneficiary, please Beneficiary's Name (last, first, initial 1. 2.	se complete the Continge	ent Beneficiary form.	centage Rela	
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CONTINGENT BENEFICIARY DESIGNATION

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 DESI	GNATION – OPTIONAL TERM LI	FE INSURANCE
Contingent Beneficiary's Name (last, first, initial)	Date of Birth (dd/mmm/yyyy)	Percentage Relationship
1.		
	/	%
2.		
<u>-</u>	/	<u>%</u>
3.	, ,	0/
		<u>%</u>
Date:	Member Signature:	
CONTINGENT BENEFICIARY DESIGNATION – T	FRM ACCIDENTAL DEATH & DIS	MEMBERMENT COVERAGE
CONTINUE IN DESIGNATION	EMM ACCIDENTAL BEATH & DIS	MILITIDERIVIEITI COVERAGE
Contingent Beneficiary's Name (last, first, initial)		
Contingent Beneficiary's Name (last, first, initial)		
Contingent Beneficiary's Name (last, first, initial) 1.		
Contingent Beneficiary's Name (last, first, initial)		% Percentage Relationship
Contingent Beneficiary's Name (last, first, initial) 1. 2.) Percentage Relationship
Contingent Beneficiary's Name (last, first, initial) 1.		% %
Contingent Beneficiary's Name (last, first, initial) 1. 2.		% Percentage Relationship
Contingent Beneficiary's Name (last, first, initial) 1. 2.		% %
Contingent Beneficiary's Name (last, first, initial) 1. 2.		% %
Contingent Beneficiary's Name (last, first, initial) 1. 2.		% % %