GROUP LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT BENEFICIARY DESIGNATION

Human Resources
3700 Willingdon Avenue
Burnaby, BC V5G 3H2
T 604.432.8384

1. PLAN MEMBER INFORMATION

SIN	Plan Member Certificate Number	Plan Sponsor Name
		BCIT

Plan Member Name (last, first and middle initial)

Plan Member Date of Birth

2. BASIC COVERAGE

List all beneficiaries for basic coverage.

Name of Beneficiary (last, first and middle initial)	Relationship to Plan Member	Percentage of Benefit
		%
		%
		%

AMOUNTS ABOVE MUST EQUAL 100%

In the event the beneficiary designed predeceases the member, the benefit will be payable to the Estate.

Complete if the beneficiary is under the age of majority.

I appoint _____ as Trustee to receive any amount due to any beneficiary under the age of 18.

TRUSTEE INFORMATION
(applies only to beneficiary(ies) under the age of majority)

If you have named someone who is under the age of majority as beneficiary for your life insurance, the proceeds will normally be paid to the court in trust until the child attains the age of majority. The guardian would need to apply to the court to obtain funds. Alternatively, you could name the guardian or appoint a trustee as the beneficiary to hold the life insurance proceeds in trust for the minor beneficiary.

IRREVOCABILITY

Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. You are responsible for ensuring the validity of your designation.

3. SIGNATURE AND AUTHORIZATION

I designate the person(s) named above.

Plan Member Signature	Date Signed (dd/mmm/yyyy)

The Insurer and BCIT will comply with the appropriate privacy laws regarding the use, storage and distribution of this form.

CLEAR FORM