



Group Life and Accidental Death & Dismemberment Beneficiary Designation

Complete this form if the plan member wishes to designate a beneficiary(ies) or change a previously designated beneficiary(ies).

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. Complete if the beneficiary is under the age of majority	Name of Beneficiary (last, first and middle initial)	Relationship to plan member	Percentage of benefit %	
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			<i>Amounts above, must equal:</i>	100%
	In the event the beneficiary designated predeceases the member, the benefit will be payable to the Estate.			
Trustee information (applies only to beneficiary(ies) under the age of majority)	I appoint _____ as Trustee to receive any amount due to any beneficiary under the age of 18.			
	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 This designation must be signed and dated to be valid.	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.