

# Designation of Beneficiary



Group Policy No. 20570/20571

## EMPLOYEE INFORMATION

Employee's Given Names in Full

Employee's Last Name

Date of Birth (yyyy/mm/dd)

Employee ID

## DESIGNATION OF BENEFICIARY

Given Names in Full	Last Name	Relationship to Employee
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Given Names in Full	Last Name	Relationship to Employee
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Given Names in Full	Last Name	Relationship to Employee
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

To be divided as follows (if applicable):

In equal shares or to the survivor(s)       Other (please specify):

## TRUSTEE CLAUSE

If designating a beneficiary who is a minor, you may wish to appoint a trustee by completing this Trustee Clause.

I hereby appoint:

Given Names in Full

Last Name

Relationship to Employee

if living, to receive and disburse any monies payable under the said group policy to my beneficiary(ies) during minority, and any payments made to the said trustee shall discharge The Canada Life Assurance Company to the extent of such payment.

## SIGNATURE

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

- This form can be completed online by tabbing to each field, or you may print the blank form by clicking on the 'print' icon and completing the form by hand.
- Sign and date the original form and send it to your Ministry Pay and Benefits Office.
- You may wish to retain a copy for your own records.

### For Payroll Use Only

The above named designated beneficiary(ies) has/have been placed on file with the Group Policyholder.

\_\_\_\_\_  
Pay and Benefits Signature

\_\_\_\_\_  
Date

November 2020