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group benefits

Group Insurance Plan Beneficiary Designation Form

Personal information

Employee full name First	Middle	Last	Employee/member #
Mailing address			
E-mail address	Date of birth (dd/mm/yyyy)		Plan sponsor / Group name

Beneficiary designation

- The percentage of benefit designated to each beneficiary below must **equal** 100% of benefits payable.
- For all spouse and/or dependent coverage, you are automatically the beneficiary.

Quebec residents only:

- In the province of Quebec, any amount payable to a minor beneficiary during their minority will be paid to the parent(s) or legal guardian on their behalf. In the absence of an irrevocable / revocable designation, the legal spouse is deemed to be irrevocable and other beneficiaries are deemed revocable. An irrevocable designation cannot be changed without the beneficiary's written consent.

If spouse is beneficiary, designation is: ☐ Revocable ☐ Irrevocable

Optional Life

Primary beneficiary(ies) full first and last name	Percentage designated*	Date of birth (dd/mm/yyyy)	Relationship
Contingent beneficiary: In the event there are no surviving primary beneficiary(ies) at the time of your death proceeds will be paid to:			
I appoint the following as trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).		**Trustee**	

Optional Accidental Death & Dismemberment

Primary beneficiary(ies) full first and last name	Percentage designated*	Date of birth (dd/mm/yyyy)	Relationship
Contingent beneficiary: In the event there are no surviving primary beneficiary(ies) at the time of your death proceeds will be paid to:			
I appoint the following as trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).		**Trustee**	

This designation of beneficiary replaces any previous designation of beneficiary made for my policies outlined above prior to this date.
I hereby request and authorize the above beneficiary designation change(s).

Signature: _____ **Date:** _____

Please return the original of this form to:

belairdirect
Group Benefits Administration
PO Box 4420 Stn A
Toronto, ON, M5W 3X3