



ELCIC Group Benefits Plan
Life Insurance
Beneficiary Designation Form

Member			
First name		Last name	
Personal email			Member number

Life Insurance Beneficiary						
Please be aware that the entitlement of any beneficiary who predeceases you will revert to your surviving beneficiaries in equal shares (not the deceased beneficiary's heirs). If there is no surviving beneficiary, the entitlement will revert to the contingent beneficiary in the next section.						
First name	Last name	Date of birth	Address	Relationship	S.I.N.	% share

Contingent Life Insurance Beneficiary						
You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy if the primary beneficiary(ies), named above should die before you. In that event, a contingent beneficiary will automatically be entitled to the benefit that would have been payable to the primary beneficiary(ies). If you have not named a contingent beneficiary, then your estate becomes the contingent beneficiary.						
First name	Last name	Date of birth	Address	Relationship	S.I.N.	% share

Trustee Appointment for Minor(s)				
Trustee appointment for minors – please complete if any beneficiaries are under 18 years of age				
First name	Last name	Phone number	Address	Relationship
If living, shall be and is hereby appointed trustee to receive and disburse any monies payable hereunder to child(ren) aforesaid during minority. Failing such trustee, the duly appointed guardian of such minor child(ren) shall be appointed as trustee. Payment so made to said trustee shall discharge the payer to the extent of such payment.				

Authorization and Acknowledgements			
I hereby revoke all previously designated beneficiaries and appoint the aforesaid to receive any benefits payable in the event of my death, subject always to the provisions of any law or government regulations. In the absence of a new beneficiary designation made by me and duly filed with the administrator under this plan, this beneficiary designation shall be valid.			
Member signature			Date

Please return completed form to ELCIC Group Services Inc. 805-177 Lombard Ave Winnipeg, MB R3B 0W5 or email to admin@elcicgsi.ca. We recognize and respect every individual's right to privacy. Refer to the GSI website for the Privacy Policy.