



British Columbia Life & Casualty Company

PO Box 7000, Vancouver, BC V6B 4E1
Street Address:
4250 Canada Way, Burnaby, BC

APPLICATION FOR VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (VAD&D) BENEFITS

Applicant - complete this section

Surname	First Name	Middle Initial	ID Number (e.g. S.I.N.)
Name of Company/Organization			Class Number
			Policy Number
			Effective date Mo/Day/Yr

Check one and fill in amounts:

- New Applicant - amount requested \$ _____
- Change my insured amount
- from \$ _____
- to \$ _____

Check One:

I wish to insure:

- myself only
- myself and my family

BENEFICIARY DESIGNATION - I hereby designate as revocable beneficiary in the event of my death:

Full Legal Name	Relationship	Share of Proceeds
		%
		%

TRUSTEE DESIGNATION (Complete only if a Beneficiary is under age 18).

I hereby appoint as revocable Trustee to receive from BC Life any amount which may be due to my beneficiary, while such beneficiary is a minor:

Surname of Trustee	First Name	Middle Initial

I agree to the conditions of the contract between my employer and BC Life and authorize my Employer to deduct required contributions from my earnings. By providing my Social Insurance Number, I authorize BC Life to use it for identification purposes only. I confirm that the information I have provided is true and complete.

X

Signature

Date