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for PBC office use only

Name of company/organization
Group number Employee ID number (e.g. S.I.N.)
The change of beneficiary is for: Employee Spouse (spouse only available if employee has Optional Life or Optional AD&D for spouse)
Surname of insured First name Middle initial

Note: For residents of the Province of Quebec: The designation of a spouse is irrevocable unless otherwise specified.

Employee Beneficiary Designation - I hereby revoke all previous beneficiary designations and/or directions of payment previously made and designate the following person(s) to receive any amount due under the group policy upon my death:

Table with 5 columns: Full Legal Name, Relationship, Benefit(s), Share of Proceeds, and checkboxes for Revocable/Irrevocable. Includes options for Life, AD&D, Optional Life, and Optional AD&D.

Employee 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:

Table with 2 columns: Full Legal Name and Relationship.

Spousal Beneficiary Designation - I hereby designate as revocable beneficiary in the event of my death: I hereby revoke all previous spousal beneficiary designations and directions of payment previously made and designate the following person(s) to receive any amount due under the group policy upon my death:

Table with 5 columns: Full Legal Name, Relationship, Benefit(s), Share of Proceeds, and checkboxes for Revocable/Irrevocable. Includes options for Optional Life and Optional AD&D.

Employee Trust 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:

Table with 2 columns: Full Legal Name and Relationship.

I hereby revoke all previous beneficiary appointments and dispositions and designate the above named if living, otherwise my executors or administrators, to receive any amount due upon my death for the benefits noted above under this group policy. I reserve the right to change any beneficiary named above.

I consent to the personal information provided above being retained, used and disclosed in accordance with BC Life's privacy policy.

Note: A copy of the Privacy Policy is available by contacting Pacific Blue Cross/BC Life. It is also available on our Web site at www.pac.bluecross.ca.

Signature of insured Date Signed (month, day, year)