



Beneficiary Designation

EMPLOYEE INFORMATION

Employee's Name		Firm # _	Certificate	Certificate #	
Firm Name					
PRIMARY DESIGNATION					
I hereby name the following beneficiary(ies) of any Life Insurance benefits paya	ble as a result of my p	articipation in this plan.		
Last Name	First Name and Initial	% of Benefit	Relationship to Employee	Birthdate	
Divided: As per percentages above (mu	st total 100%) 🛛 🗖 In equa	al shares to survivor(s))		
When Quebec law applies, a spouse benefit by checking here: A Revocable , I may char		eneficiary must conser	nt to any change) unless you make th	e designation revocable	
Trustee/Administrator Designation: If the payable to a minor beneficiary under this per spend all or part of the amount, or interest of the amount, or interest of the amount of the a	olicy. The trustee/administrator shall	discharge the Insurer			
Full Name			Relationship with Employee		
If you are designating a trustee/administrat will be interpreted in accordance with provi		• • • •		c Only: The appointment	
CONTINGENT DESIGNATION					
You may wish to designate a contingent be die before you. In that event, a contingent be Should there not be any surviving beneficia	eneficiary will automatically be entit	tled to the benefit that	t would have been payable to the pr		
Last Name	First Name and Initial	% of Benefit	Relationship to Employee	Birthdate	
Divided: As per percentages above (mu	st total 100%) 🔲 In equa	al shares to survivor(s))		

When Quebec law applies, a spouse beneficiary is irrevocable (an irrevocable beneficiary must consent to any change) unless you make the designation revocable by checking here: D Revocable, I may change this designation at any time.

Trustee/Administrator Designation: If the beneficiary is under the age of majority, I appoint the trustee/administrator named below to receive any amount payable to a minor beneficiary under this policy. The trustee/administrator shall discharge the Insurer for the amount paid. I authorize the trustee/administrator to spend all or part of the amount, or interest earned on it, for the support or education of the minor.

Full Name

Relationship with Employee

If you are designating a trustee/administrator, you should consult with a legal advisor and any proposed trustee/administrator. For Quebec Only: The appointment will be interpreted in accordance with provisions governing the administration of property of others, under Quebec Civil Code.





Beneficiary Designation

Employee's Name	Firm #	Certificate #
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Declaration and Authorization for the Collection and Communication of Personal Information

All the information I have provided on the form is accurate and complete, to the best of my knowledge.

I authorize Chambers of Commerce Group Insurance Plan® to collect, use, maintain and disclose personal information relevant to this application for the purposes of benefit plan administration, assessment, investigation, claim management, underwriting and for determining Plan eligibility. The non-exhaustive list of sources from which information can be collected includes medical and health professionals, facilities or providers, insurance companies, or other organizations/persons. This authorization is also valid for the collection, use and communication of personal information concerning my dependents, insofar as applicable to the administration of benefits under this plan.

I acknowledge that more specific information about collection and use of my personal information can be found in the Privacy Policy on www.chamberplan.ca or from the administrator of my benefit program. A photocopy of this authorization is as valid as the original.

Signature of Employee	_ Date
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Please return this form to our office.

Fax 204 774-6698 or 1 800 457-8410 **Email** chambers@johnstongroup.ca

Mail Chambers of Commerce Group Insurance Plan 1051 King Edward Street Winnipeg, MB R3H 0R4