ELCIC Group Services Inc.

805-177 Lombard Ave. Winnipeg, MB R3B 0W5

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GROUP BENEFITS BENEFICIARY DESIGNATION FORM

Benefits include Life Insurance, Long Term Disability, Accidental Death & Dismemberment and Extended Health and Dental Insurance. Details of coverage can be found on the Group Services website.

Member Information									
Name:	Last	First	Member Number: (If known)						

Beneficiary Appointment for Life Insurance

Must be a Canadian resident at time of payment, otherwise benefit amount will be paid to member's estate

Last Name	First Name	Birth Date: (d/m/y) (If minor, complete Trustee Appointment)	Address (If different from member)	Relationship	S.I.N.	% Share*			
If more space is required, provide information on reverse. *(Must equal 100%)									
Trustee Appointment for Minors									
		/	of			,			
First, Initial, Last Name		Relationship	Address						
			urse any monies payable hereunder t) as trustee. Payment so made to s						

Authorization

I herby 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.

Employee's Signature				
		Day	Month	Year
Witness' Signature		9		
		Day	Month	Year
Witness Name				
Note: Designated Beneficiaries cannot serve as Witness				