To complete this form online, please open it in Adobe

Group Benefits
Beneficiary Designation

Use this form:

- To designate your beneficiaries for Basic Life/Accidental Death, and/or Optional Life/Optional Accidental Death insurance
- At time of initial enrolment if you want to designate more than 5 primary beneficiaries
- To change your existing beneficiary(ies). The beneficiary(ies) listed here will replace your previous beneficiary designation

Section 1 – Plan Information

Organization/Company	Policy No. / Client Code	Certificate/ID No.
Employee Legal Last name	Employee Legal First Name	◯ Initial Enrolment ◯ Change of Beneficiary

Apply this designation to:

◯ All my Life and Accidental Death insurance under this policy (Basic and Optional)

◯ My Basic Life and Accidental Death insurance under this policy

◯ My Optional Life and Accidental Death insurance under this policy

If you want to designate different beneficiary(ies) for Basic and Optional insurances, complete one form for each type.

Section 2 – Primary Beneficiary(ies)

List the person(s) who will receive benefits due under this group policy upon your death. If designating more than one primary beneficiary, percentages must total 100% to be valid. If percentage fields are left blank, proceeds will be split evenly among your primary beneficiaries. If you designate multiple primary beneficiaries and not all survive you, their share will be split among the remaining primary beneficiaries. If none of your primary beneficiaries survive you, benefits will be paid to your contingent beneficiary.

If you designate the beneficiary as irrevocable, you cannot change the beneficiary without that person's written permission. A child cannot provide written permission until s/he reaches the age of majority.

	Legal Name of Beneficiary	Date of Birth (mm/dd/yyyy)	Relationship to you	Type (Important: See note below)	Percentage
1.	Last name First name Initial			◯ Revocable ◯ Irrevocable	%
2.	Last name First name Initial			◯ Revocable ◯ Irrevocable	%
3.	Last name First name Initial			◯ Revocable ◯ Irrevocable	%
4.	Last name First name Initial			◯ Revocable ◯ Irrevocable	%
5.	Last name First name Initial			◯ Revocable ◯ Irrevocable	%
6.	Last name First name Initial			◯ Revocable ◯ Irrevocable	%

Note: If you designate a beneficiary as irrevocable, that person's consent is required if you later want to change your beneficiary. A minor child cannot give consent, therefore if you designate a minor child as irrevocable, you will not be able to change your beneficiary until the child reaches the age of majority and consents to the change.

Return completed form to ICBA Benefits via email (indicate the policy number in the Subject line), or by mail.
If you email the form, do not also send the original by mail.

ICBA Benefit Services Ltd. - #800 - 13761 96th Avenue, Surrey, BC V3V 0E8
604.298.7752 TF: 1.888.298.7752 help@icbabenefits.ca icbabenefits.ca

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Section 3 – Contingent Beneficiary

The person who will receive the death benefits if all of the primary beneficiaries die before you. If you select more than one contingent beneficiary, the benefit will be split evenly between the contingent beneficiaries. Should there not be any surviving beneficiaries at the time of your death, the proceeds will be paid to your estate.

	Legal Name of Beneficiary	Date of Birth (mm/dd/yyyy)	Relationship to you	Type (Important: See note below)
1	Last name First name Initial			○ Revocable ○ Irrevocable
2	Last name First name Initial			○ Revocable ○ Irrevocable

Note: If you designate a contingent beneficiary as irrevocable, that person's consent is required if you later want to change your beneficiary. A minor child cannot give consent, therefore if you designate a minor child as irrevocable, you will not be able to change your beneficiary until the child reaches the age of majority and consents to the change.

Section 4 – Trustee Appointment - Complete only if a beneficiary is under the age of majority (not applicable in Quebec[1])

I appoint _*(full legal name)*_____ as Trustee to receive any amount due to any beneficiary under the age of majority.

Section 5 – Declaration and Authorization

This form must be signed and dated to be valid. A copy, fax, scan or image of this form is as valid as the original.

I hereby revoke all previous beneficiary designations and designate the above named person(s) if living 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 unless I have named the beneficiary as irrevocable. I consent to the personal information provided above being retained, used and disclosed in accordance with ICBA Benefit's privacy policy. The privacy policy is available online at ICBABenefits.ca or by calling ICBA Benefits at 888-298-7752.

Signature	Date signed (mm/dd/yyyy)

1 In Quebec, if the beneficiary is a minor, proceeds are paid to his/her tutor(s) unless a valid trust has been established by will or separate contract. Parents are considered to be the child's tutors.

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