

# BENEFICIARY DESIGNATION

## POLICY INFORMATION

Name of Policyholder	Group Policy Number	Division Number	Member/Employee ID
ALPA CANADA INSURANCE TRUST	100011822		

## MEMBER/EMPLOYEE INFORMATION MUST ALWAYS COMPLETE

Last Name	Given Name	Initials	Date of Birth (dd-mmm-yyyy)
Street Address	City	Prov.	Postal Code
Telephone (Home)	Telephone ( <input type="radio"/> Work <input type="radio"/> Cell )	Email	

## SPOUSE INFORMATION ONLY COMPLETE WHEN MAKING A CHANGE TO SPOUSAL BENEFICIARY

Last Name	Given Name	Initials	Date of Birth (dd-mmm-yyyy)

## TO DESIGNATE BENEFICIARY OR TO CHANGE AN EXISTING BENEFICIARY THE BENEFICIARY INFORMATION YOU PROVIDE WILL APPLY TO ALL LIFE AND AD&D INSURANCE BENEFITS UNDER THE GROUP POLICY

If the designated beneficiary is estate, please indicate "Estate" under Beneficiary Last Name. No other information is required.

Beneficiary Last Name	Beneficiary Given Name	Relationship to the Insured	Date of Birth if a Minor	Benefits shared equally unless % specified	Type of Designation	For:
					<input type="radio"/> Revocable <sup>1</sup> <input type="radio"/> Irrevocable <sup>2</sup>	<input type="radio"/> Member/Employee <input type="radio"/> Spouse
					<input type="radio"/> Revocable <input type="radio"/> Irrevocable	<input type="radio"/> Member/Employee <input type="radio"/> Spouse
					<input type="radio"/> Revocable <input type="radio"/> Irrevocable	<input type="radio"/> Member/Employee <input type="radio"/> Spouse
					<input type="radio"/> Revocable <input type="radio"/> Irrevocable	<input type="radio"/> Member/Employee <input type="radio"/> Spouse

<sup>1</sup>A revocable beneficiary designation is one that may be changed at any time without consent of the designated beneficiary.

<sup>2</sup>An irrevocable beneficiary designation is one that cannot be changed without the signed consent of the irrevocable beneficiary. If you are designating an irrevocable beneficiary please have them sign below.

If one of the beneficiary designations types has not been checked off, we will consider your beneficiary to be revocable. In Quebec, the designation of a spouse (married or civil union, but excluding common law) as beneficiary is irrevocable unless otherwise specified.

If you designate an irrevocable beneficiary, you will require a Change Consent/Release of Irrevocable Beneficiary Form to be signed by the irrevocable beneficiary in order to make any future changes.

We strongly recommend that you do not name a minor as an irrevocable beneficiary.

If you are designating a minor as a beneficiary please complete the Declaration Appointing Trustee on page 2. If you reside in Quebec, this does not apply as proceeds are paid directly to the parent(s) or legal guardian(s).

If you would like to designate a contingent beneficiary, please complete the Contingent Beneficiary Designation on page 2. The contingent beneficiary(ies) receives the benefits if all the primary beneficiaries are deceased at time of the insured person's death.

## AUTHORIZATION

If more than one beneficiary is designated and if one of the beneficiaries dies before the insured person, his/her share will be divided equally among the other designated beneficiaries. In accordance with the terms and conditions of the above-mentioned group insurance policy, I, the undersigned, hereby revoke any previous designation of beneficiary and name the above-mentioned person(s) as my beneficiary entitled to receive any amount payable under this group policy upon my death. If this beneficiary predeceases me and I do not have a contingent beneficiary, the death benefit will be payable to my estate.

To the extent permitted by law, I reserve the right to alter or revoke the beneficiary designation. The beneficiary designation stated on this form will supercede all prior dated designations and will apply to all coverage in force under this group policy unless specific instructions to the contrary have been received by ALPA.

<b>X</b>		<b>X</b>	
<b>Member/Employee Signature</b> (must always sign)	Date (dd-mmm-yyyy)	<b>Spouse Signature</b> (If form is being completed by the spouse)	Date (dd-mmm-yyyy)
<b>X</b>			
<b>Signature of designated irrevocable beneficiary</b> (must always sign)	Date (dd-mmm-yyyy)		

# SUPPLEMENTARY BENEFICIARY DESIGNATION FORM

Complete this page if you are appointing a trustee or contingent beneficiary.

## APPOINTMENT OF A TRUSTEE TO BE COMPLETED IF BENEFICIARY IS A MINOR

**Note:** Completion of this section does not apply to Quebec residents as proceeds are paid automatically to the parent(s) or legal guardian(s) of the minor.

If you are naming a beneficiary who is under the age of 18, you should name a Trustee to receive the monies in trust for the beneficiary.

### Trustee for any Minor Beneficiary

Last Name	Given Name
<input type="text"/>	<input type="text"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Member/Employee Signature (must always sign)	Date (dd-mmm-yyyy)	Spouse Signature (If form is being completed by the spouse)	Date (dd-mmm-yyyy)

## CONTINGENT BENEFICIARY DESIGNATION TO BE COMPLETED WHEN ADDING A CONTINGENT BENEFICIARY

If all of my primary beneficiary(ies) predecease me, I designate the following individual(s) as my beneficiary(ies).

Beneficiary Last Name	Beneficiary Given Name	Relationship to Insured	Benefits shared equally unless % specified
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Member/Employee Signature (must always sign)	Date (dd-mmm-yyyy)	Spouse Signature (If form is being completed by the spouse)	Date (dd-mmm-yyyy)

QUESTIONS?

1.888.724.1444 (toll-free)