

**INSURED BENEFIT PROGRAMS
BENEFICIARY DESIGNATION/CHANGE FORM**



TO BE COMPLETED BY EMPLOYEE

**THE SUBMISSION OF THIS FORM WILL REPLACE ALL PREVIOUS BENEFICIARY DESIGNATIONS AND CHANGES.
YOU MUST WRITE YOUR COMPLETE BENEFICIARY INTENTIONS AND INCLUDE ALL BENEFICIARIES ON THIS FORM.**

Last Name of Employee	First Name	Middle Initial(s)	Date of Birth (DD-MM-YY)
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Social Insurance Number (Optional)	Employee ID Number OR Vestcor Reference Number
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Name of Employer

BENEFICIARY DESIGNATION FOR BASIC LIFE / AD&D, OPTIONAL LIFE / AD&D, AND VOLUNTARY AD&D¹

NAME YOUR BENEFICIARY(IES) BELOW AND CHECK THE BENEFIT BOX(ES) THAT ARE APPLICABLE² (Percentages must total 100% to be valid)

Basic Life / AD&D	Optional Life / AD&D	Voluntary AD&D	Beneficiary (First and Last Name) ³	Date of Birth ⁴ (DD-MM-YY)	Relationship to Employee	Percentage of Benefit Designated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

¹ For Dependent Life, the employee is the beneficiary should death of an eligible dependent occur.
² If no beneficiary is listed, or all beneficiaries are deceased, the benefit will be paid to the employee's estate.
³ A beneficiary must be a living person or a charitable organization (registered with the Canada Revenue Agency).
⁴ If a beneficiary is below the age of majority, a trustee must be designated below to receive and disburse any amount payable during such time that the beneficiary is below the age of majority. Not applicable to employees residing in Quebec.

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Trustee's first and last name	Relationship to employee	Telephone number

There is no contingency option available and beneficiaries cannot be preferentially ranked. If a beneficiary is deceased at the time of the employee's death, the benefit amount cannot be transferred to a secondary beneficiary.

NOTE: ALL BENEFICIARY DESIGNATIONS AND CHANGES ARE SUBJECT TO LEGISLATION. IF A RESIDENT OF QUEBEC, A BENEFICIARY MAY BE IRREVOCABLE OR ONLY REVOCABLE UNDER SPECIFIC CIRCUMSTANCES.

PRIVACY CONSENT: The personal information collected on this form will be used by Vestcor to: identify the member, beneficiaries and trustee; assist in determining who may be eligible to receive the insured benefits; contact the member, beneficiaries and/or trustee as necessary; and ultimately ensure that the insured benefits program is administered in accordance with the governing documents. The information may be disclosed to Finance and Treasury Board, Medavie Blue Cross and/or Blue Cross Life Insurance Company of Canada. If you have any questions about the collection and use of this information, contact Vestcor's Member Services team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at info@vestcor.org. In addition, please note that Vestcor's Privacy Statement is available at www.vestcor.org/privacy.

AUTHORIZATION: I certify that the information above is accurate. By providing my Social Insurance Number, I authorize the insurance carrier; plan administrator and the pay & benefits administrator to use it for identification purposes only.

Signature of Employee:
IMPORTANT! Electronic signature is not accepted. Wet signature is required.

Date: _____

**** EMPLOYEE: FORWARD TO VESTCOR ****

P.O. Box 6000, Fredericton, NB E3B 5H1
Tel: 1-800-561-4012; Fax: (506) 457-7388; Email: info@vestcor.org

IMPORTANT: Information submitted via email is not considered secure unless encrypted. If you would like to submit this form via email and do not have a method to encrypt it, please contact our office in order to submit this form electronically in a secure format.