

**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)	Social Insurance Number
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Name of Employer

**BENEFICIARY DESIGNATION FOR BASIC LIFE / AD&D, OPTIONAL LIFE / AD&D, AND VOLUNTARY AD&D<sup>1</sup>**

**NAME YOUR BENEFICIARY(IES) BELOW AND CHECK THE BENEFIT BOX(ES) THAT ARE APPLICABLE:<sup>2</sup>**

Basic Life / AD&D	Optional Life / AD&D	Voluntary AD&D	Beneficiary (First and Last Name) <sup>3</sup>	Date of Birth <sup>4</sup> (DD-MM-YY)	Relationship to Employee	Percentage of Benefit Designated (each benefit must total 100%) <sup>5</sup>
<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"/>	_____	_____	_____	_____

<sup>1</sup> For Dependent Life, the employee is the beneficiary should death of an eligible dependent occur.  
<sup>2</sup> If no beneficiary is listed, or all beneficiaries are deceased, the benefit will be paid to the employee's estate.  
<sup>3</sup> A beneficiary must be a living person or a charitable organization (registered with the Canada Revenue Agency).  
<sup>4</sup> 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.

_____	_____	(____)
<b>Trustee's first and last name</b>	<b>Relationship to employee</b>	<b>Telephone number</b>

<sup>5</sup> If multiple beneficiaries are designated and there is no specification of how the benefit is to be divided, the benefit payable will be divided equally among the beneficiaries.  
 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.**

**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:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**IMPORTANT! Electronic signature is not accepted. Wet signature is required.**

**\*\* 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