



LIUNA LOCAL 837
44 HUGHSON STREET SOUTH
HAMILTON, ONTARIO L8N 2A7

APPOINTMENT OF BENEFICIARY

Insured Name _____ First Given Name _____ 2nd Initial _____ Employee SIN: _____

1. This appointment shall apply to all benefits for which the Appointment of Beneficiary is provided.

I hereby revoke any previous appointment of beneficiary, apportionment of benefits, or mode of settlement made by me in respect of the above Group Contract and I declare that the insurance moneys payable in the event of my death in accordance with the terms of the said Contract shall be payable to:

Beneficiary Name(s) _____	Relationship _____
_____	_____

_____	_____
Witness Signature	Insured Signed
_____	_____
Address of Witness	Date Signed

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IMPORTANT – READ BEFORE COMPLETING

If the covered person is a resident of Quebec the appointment to a spouse as beneficiary is irrevocable unless designated revocable. The appointment of any other beneficiary is revocable.

If a mistake is made, no erasures or corrections should be attempted, but a new form should be used. The printed material on this form is not to be deleted or altered.

If a married woman is to be named, her full given name should be shown for example, Mary J. Smith, not Mrs. John J. Smith; likewise if the form is to be signed by a married woman, she should sign her given name.

When two or more beneficiaries are to be named.

(A) Proceeds are to be shared equally unless otherwise indicated.

(B) If a designated beneficiary predeceased the insured, proceeds are payable to the surviving beneficiary or if no surviving beneficiary, then to the estate of the insured.

If a trustee is to be appointed for any minor beneficiary, insert the following immediately after the named beneficiary(ies).

"I hereby appoint (name in full and relationship to insured) of (address), trustee to receive any moneys payable to any beneficiary who is under the age of majority at the time such moneys become payable."

If this appointment provides for payment to a trustee under a trust agreement the insurance company shall not be obliged to inquire into the terms of the trust agreement and shall not be chargeable with knowledge of the terms thereof. Payment to and receipt by the trustee shall fully discharge all liability of the insurance company to the extent of such payment.

Declaration & Authorization

I acknowledge that LIUNA Local 837's employees and business partners assign great importance to the confidentiality of the personal information you have entrusted to us. We have always treated your personal information confidentially, and we strive to obtain only the information that allows us to respond to your needs.

Signature of Plan Member (in full) (yy/mm/dd)

Signature of Witness (in full) (yy/mm/dd)