



**THE UNITED CHURCH OF CANADA  
 GROUP INSURANCE BENEFICIARY DESIGNATION FORM**

Please fill out this form completely. The information provided on this form will confirm and/or replace all previous forms on record.

I understand that I have the right to change my group insurance beneficiary at any time by written notice to the Benefits Centre, subject to the provisions of any applicable law or regulation. I further understand if my designated beneficiary should predecease me and no other beneficiary has been appointed thereafter, any proceeds from the Group Insurance shall be payable to my estate. The information on this form is true and complete.

- New Enrolment
- Change of Information

Member Name (last, first)	Employee ID
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**STEP 1 – DESIGNATION OF GROUP INSURANCE BENEFICIARY**

- If you have more than five beneficiaries, attach a separate sheet with the applicable information
- Subject to applicable legislation, you are confirming your group insurance designation noted below. Your group insurance beneficiary is revocable (unless specified as irrevocable) and replaces any previous one. Provincial laws may restrict your ability to change your group insurance beneficiary designations.
- The United Church of Canada and any of its associated employers are not responsible for the validity of any designation.
- Allocate percentages only to those benefits which you have elected.
- If your group insurance beneficiary is under age 18, you should also name a trustee. (see Step 3)

**Do you live in Quebec?**

If you live in Quebec, the designation of your spouse as a group insurance beneficiary is automatically irrevocable (meaning your spouse must consent in writing if you want to change your group insurance beneficiary) unless you state otherwise **when you first make the designation**. If you want to change your group insurance beneficiary designation without your spouse's written consent, you should designate your spouse as a revocable beneficiary.

**If you live in Quebec and named your spouse as a beneficiary, check one of the two boxes below:**

- This designation is revocable. I can change it at any time without my spouse's written consent.
- This designation is irrevocable. I must have my spouse's written consent to change my designation.

I hereby revoke any previously designated beneficiary, and subject to any overriding legal spousal rights, I appoint the following person(s) as beneficiary.

Beneficiary Name (last, first)	Relationship to Member	Core Life	Core AD&D	Optional Life	Optional AD&D
		%	%	%	%
		%	%	%	%
		%	%	%	%
		%	%	%	%
		%	%	%	%
<b>Total</b>		<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Member Initials: \_\_\_\_\_

Member Name (last, first)	Employee ID
<b>STEP 2 – DECLARATION OF TRUSTEE FOR MINOR DEPENDANTS</b>	
Should any of the group insurance beneficiaries be under the Age of Majority, I hereby appoint the following individual as Trustee to receive any amount(s) payable to the(se) group insurance beneficiaries (Not applicable in Quebec).	
Trustee Name (last, first)	
Relationship to Member	
Trustee Address	
Trustee Email	
<b>STEP 3 – MEMBER AUTHORIZATION</b>	
I understand that I have the right to change this information at any time by completing another form and filing with the Benefits Centre, subject to the provisions of any applicable law or regulation. I certify that the information on this form is true and complete.	
Member Signature	
Date (mm/dd/yyyy)	