



LiUNA LOCAL 837  
44 HUGHSON STREET SOUTH  
HAMILTON, ON L8N 2A7

### Retiree Benefit Plan APPOINTMENT OF BENEFICIARY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SIN: \_\_\_\_\_

*I hereby revoke any previous appointment of beneficiary, appointment 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	Member Signature
_____	_____
Address of Witness	Date (yy/mm/dd)
_____	_____

#### 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. 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 (2) 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 I have entrusted to them.

\_\_\_\_\_  
Signature of Member (in full)

\_\_\_\_\_  
Date (yy/mm/dd)

\_\_\_\_\_  
Signature of Witness (in full)

\_\_\_\_\_  
Date (yy/mm/dd)