

Group Benefits Beneficiary Designation

Complete this form if the plan member wishes to designate a beneficiary(s) or change a previously designated beneficiary(s).
Please complete sections 1, 2 and 3 as they are mandatory.

1 Plan member information

Plan contract number	Social Insurance Number	Plan sponsor name
Plan member name (last, first and middle initial)		Province of residence
Plan administrator name		Plan administrator telephone number ()

2 Basic coverage

List all beneficiaries for Basic coverage.

Percentages must total 100% to be valid.

Complete if the beneficiary is under the age of majority.

Name of beneficiary (last, first and middle initial) (please print)	Relationship to plan member	Percentage of benefit %

I appoint _____ as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).

Irrevocability

For Quebec residents only
In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified.
If spouse is beneficiary, designation is:
 Revocable Irrevocable

Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. **You are responsible for ensuring the validity of your designation.**

3 Plan member signature

I hereby revoke any previous beneficiary designations in relation to my foregoing coverage(s) and designate the person(s) named above.

At Manulife Financial, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a Group Life and Health Benefits file. Access to your information will be limited to:

- our employees and service representatives in the performance of their jobs;
- persons to whom you have granted access; and
- persons authorized by law.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

I acknowledge that more detailed information concerning how and why Manulife Financial collects, uses and discloses my personal information is available at www.manulife.ca or by requesting a copy from my plan sponsor.

Please sign and date here.

Plan member signature	Date signed (dd/mmm/yyyy)
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4 Mailing instructions

Please send the completed form to: **Prairie Teamsters Admin. Services**
209-7260 12 ST SE
CALGARY AB T2H 2S5
Tel: (403) 252-6924
Fax: (403) 253-3231