

## Beneficiary Designations Change Form

Badge No.	Last Name	First Name	Middle Initial

I hereby appoint the following beneficiary(ies) to receive any amounts payable upon my death under the following Insurance and Benefit:

**Basic Group Life Insurance (Policy #22500)**

Name: \_\_\_\_\_ Date Of Birth \_\_\_\_\_  
 Address: \_\_\_\_\_ Sex (M) (F) \_\_\_\_\_  
 Relationship: \_\_\_\_\_ S.I.N. \_\_\_\_\_

**Basic Accident Insurance (Policy #BSC 910 07 20)**

Name: \_\_\_\_\_ Date Of Birth \_\_\_\_\_  
 Address: \_\_\_\_\_ Sex (M) (F) \_\_\_\_\_  
 Relationship: \_\_\_\_\_ S.I.N. \_\_\_\_\_

**Pension Death Benefit (If married, your spouse must be listed here)**

Name: \_\_\_\_\_ Date Of Birth \_\_\_\_\_  
 Address: \_\_\_\_\_ Sex (M) (F) \_\_\_\_\_  
 Relationship: \_\_\_\_\_ S.I.N. \_\_\_\_\_

**Optional Accident Insurance (Policy PAI 910 07 21 For Salaried Employees Only)**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address: \_\_\_\_\_ Sex (M) (F) \_\_\_\_\_  
 Relationship: \_\_\_\_\_ S.I.N. \_\_\_\_\_

**Optional Life Insurance (#22500 includes old and new policy)**

Name: \_\_\_\_\_ Date Of Birth \_\_\_\_\_  
 Address: \_\_\_\_\_ Sex (M) (F) \_\_\_\_\_  
 Relationship: \_\_\_\_\_ S.I.N. \_\_\_\_\_

*I reserve the right to change the above designations at any time.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: If more than one beneficiary is designated for a single benefit, payment will be made in equal shares to the surviving designated beneficiary(ies) unless specific plan documents provide otherwise. If no designated beneficiary survives the employee, payment will be made to the estate of the insured.**