

This form must be completed if you wish to designate one or more beneficiaries for your Basic Life Insurance, Optional Employee Life Insurance and Optional Employee AD&D Insurance coverage in the event of your death. If you do not complete this form, it will default to your estate.

Instructions:

1. Type or print (as legibly as possible) information to complete Sections 1- 4. Print, sign (in ink) and record the date in Section 5.
DO NOT use whiteout as it will invalidate the form. Instead, cross out errors and initial any corrections you make.
2. Mail ORIGINAL to: People Services - 700-1200 West 73rd Avenue, Vancouver, BC V6P 6G5
Keep a copy for your records.

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|---|---|-------------------------|---|---|-----------------------|----------------------|--|
| 1. Employee Information | Given name(s) in full | | Last name | | Ministry/Organization | | |
| | Home/Mailing address (Street, City Postal Code) | | | | | Email address | |
| | Date of birth (m/d/yy) | Social Insurance Number | Gender (<input checked="" type="checkbox"/> M <input type="checkbox"/> F) | Employment Status (<input checked="" type="checkbox"/> Active employee ID _____ <input type="checkbox"/> Retired member | | | |
| 2. Beneficiary Designation Important! Are you designating more than three beneficiaries? (<input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please record beneficiaries four and above on a second copy of this form. Number, sign and date both forms. Note that the signatures and dates on both forms must match to validate the forms. Form Number: _____ of _____ | Under the Group Life Insurance Plan contracted under the <i>Public Service Benefits Plan Act</i> , I hereby revoke any previous designation and want any moneys payable upon my death to be disbursed as follows: Mark the appropriate box (<input checked="" type="checkbox"/> <input type="checkbox"/> My Estate <input type="checkbox"/> The Beneficiary(ies) designated below | | | | | | |
| | Beneficiary's name | | | | | Percentage allocated | |
| | Mailing address | | | | | | |
| | Date of birth (m/d/yy) | | Relationship to employee | | | | |
| | Beneficiary's name | | | | | Percentage allocated | |
| | Mailing address | | | | | | |
| | Date of birth (m/d/yy) | | Relationship to employee | | | | |
| | Beneficiary's name | | | | | Percentage allocated | |
| | Mailing address | | | | | | |
| | Date of birth (m/d/yy) | | Relationship to employee | | | | |
| 3. Trustee Appointment | Consider nominating a trustee for any minor beneficiary(ies) (under the age of 19). If living, the Trustee is to receive and disburse any moneys payable under the said group policy to my beneficiary(ies) during minority, and any payments made to the said trustee shall discharge CANADA LIFE ASSURANCE COMPANY to the extent of such payment. <u>If no trustee is nominated for the minor beneficiary(ies), the moneys will be paid to the Public Guardian and Trustee of BC and be managed until the child reaches age 19.</u> | | | | | | |
| | Trustee's name | | | Relationship to employee | | | |
| | Mailing address | | | | | | |
| 4. Additional Information (if required) | | | | | | | |
| 5. Employee Authorization | Employee signature | | | Date signed (m/d/yy) | | | |

Freedom of Information and Protection of Privacy Act (FOIPPA)

This information is collected by the British Columbia Public Service under s. 26(c) of FOIPPA. Any questions about the collection and the use of this information can be directed to an HR Service Representative at the BC Public Service Agency by submitting a request to AskMyHR and selecting My Team/Organization > Employee & Labour Relations > Other Issues & Inquiries, phoning: 1-877-277-0772 or writing to: Manager, Contact Centre Operations, BC Public Service Agency, 810 Blanshard Street, Victoria, BC V8W 2H2.

For more information about your benefits, contact CLBCPeopleServices@gov.bc.ca