

Note: Fill out this form to change your Beneficiary

1. Plan Member Information	The Power Sector Benefit Trust		56105		
	plan sponsor		group policy number:		
	SIN		date of birth (mm/dd/yy)		sex <input type="checkbox"/> M <input type="checkbox"/> F
	last name		middle initial	first name	
	address		city	province	postal code
	phone		cell	email	

2. Beneficiary Designation Note: In the event of Applicant's death, the Primary Beneficiary (or Beneficiaries) will receive life claim benefits. "Contingent" receives life benefits in the event of Primary Beneficiary's death.	I appoint as primary revocable beneficiary of the insurance payable in the event of my death:				
	last name	initial	first name	relationship	percent allocated
	last name	initial	first name	relationship	percent allocated
	last name	initial	first name	relationship	percent allocated
	As a contingent beneficiary I appoint:				
	last name	initial	first name	relationship	
	I appoint as a Trustee for minors (under the age of 18) in the event of death of primary and contingent beneficiaries:				
last name	initial	first name	relationship		

3. Applicant's Authorization	_____	
	date (mm/dd/yy)	signature of employee/member

4. Administrator This section to be completed by administrator	<input type="checkbox"/> change beneficiary	_____	_____
		certificate number	division
	reason	_____	effective date