

DO NOT WRITE IN THIS SPACE

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | Fax: 604 419-2990

i **APPLICANTS** — Please complete **BLACK** portions of this application.
EMPLOYERS/PLAN ADMINISTRATORS — Please complete **RED** portion of this application.

PART 1 — EMPLOYER/PLAN ADMINISTRATOR

Name of company/organization				Effective date of change (mm-dd-yyyy)
Policy number	Division	Sub-division	Class	ID number

The change of beneficiary is for: Applicant Spouse — only available if applicant has Optional Life or Optional AD&D for spouse

Applicant's first name	Applicant's last name	Middle initial
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For residents of the Province of Quebec the designation of spouse is irrevocable unless otherwise specified.

PART 2 — APPLICANT BENEFICIARY DESIGNATION

I hereby revoke all previous beneficiary designations and/or directions of payment previously made unless I made these beneficiary designations irrevocable. I designate the following person(s) to receive any amount due under the group policy upon my death:

<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	
First name		First name		First name	
Last name	Middle initial	Last name	Middle initial	Last name	Middle initial
Birthdate (mm-dd-yyyy)	Relationship to you	Birthdate (mm-dd-yyyy)	Relationship to you	Birthdate (mm-dd-yyyy)	Relationship to you
Benefit(s) and share of proceeds <input type="checkbox"/> Life ____% <input type="checkbox"/> AD&D ____% <input type="checkbox"/> Optional Life ____% <input type="checkbox"/> Optional AD&D ____%		Benefit(s) and share of proceeds <input type="checkbox"/> Life ____% <input type="checkbox"/> AD&D ____% <input type="checkbox"/> Optional Life ____% <input type="checkbox"/> Optional AD&D ____%		Benefit(s) and share of proceeds <input type="checkbox"/> Life ____% <input type="checkbox"/> AD&D ____% <input type="checkbox"/> Optional Life ____% <input type="checkbox"/> Optional AD&D ____%	

Applicant trustee designation — Complete only if a beneficiary is under age 18

I hereby appoint as Trustee to receive from BC Life any amount which may be due to my beneficiary, while such beneficiary is a minor:

First name	Last name	Middle initial	Birthdate (mm-dd-yyyy)	Relationship to you
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PART 3 — SPOUSAL BENEFICIARY DESIGNATION

I hereby revoke all previous spousal beneficiary designations and/or directions of payment previously made unless I made these spousal beneficiary designations irrevocable. I designate the following person(s) to receive any amount due under the group policy upon my death:

<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	
First name		First name		First name	
Last name	Middle initial	Last name	Middle initial	Last name	Middle initial
Birthdate (mm-dd-yyyy)	Relationship to you	Birthdate (mm-dd-yyyy)	Relationship to you	Birthdate (mm-dd-yyyy)	Relationship to you
Benefit(s) and share of proceeds <input type="checkbox"/> Optional Life ____% <input type="checkbox"/> Optional AD&D ____%		Benefit(s) and share of proceeds <input type="checkbox"/> Optional Life ____% <input type="checkbox"/> Optional AD&D ____%		Benefit(s) and share of proceeds <input type="checkbox"/> Optional Life ____% <input type="checkbox"/> Optional AD&D ____%	

Applicant trustee designation — Complete only if a beneficiary is under age 18

I hereby appoint as Trustee to receive from BC Life any amount which may be due to my beneficiary, while such beneficiary is a minor:

First name	Last name	Middle initial	Birthdate (mm-dd-yyyy)	Relationship to you
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PART 4 — APPLICANT SIGNATURE

I hereby revoke all previous beneficiary appointments and dispositions and designate the above named if living to receive any amount due upon my death for the benefits noted above under this group policy. I reserve the right to change any beneficiary named above unless I have named the beneficiary as irrevocable.

I consent to the personal information provided above being retained, used and disclosed in accordance with BC Life's privacy policy. The privacy policy is available online at www.pac.bluecross.ca or by calling Pacific Blue Cross/BC Life at 604 419-2000.

Applicant's signature X	Date (mm-dd-yyyy)
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British Columbia Life & Casualty Company



MAIL YOUR FORM

Pacific Blue Cross
PO Box 7000, Vancouver, BC V6B 4E1



DROP IT OFF

4250 Canada Way
Burnaby, BC V5G 4W6



FAX IT

604 419-2990

www.pac.bluecross.ca