



Beneficiary Designation

Please mail original completed form to BBD:
500-2755 Lougheed Highway Port Coquitlam, BC V3B 5Y9

Name of Employer:

- ▶ *To use this form you must already be insured under your employer's plan.* ◀
- ▶ *For a new enrollment complete a Group Insurance Enrollment form.* ◀
- ▶ **PLEASE PRINT. Submit original form only – fax copies or photocopies cannot be accepted.** ◀

▶ Employee – Complete for Change of Beneficiary ◀		
Employee Last Name	First Name	Initial
<p>Beneficiary Designation (use full legal name – e.g. Mary Jane Doe, not Mrs. John Doe) I revoke all previous beneficiary appointments and designate as revocable beneficiary in the event of my death:</p> <p>_____ %</p> <p>_____ %</p> <p>Full Legal Name Relationship Share of Proceeds</p>		
<p style="text-align: center;">▶ Important Note ◀</p> <p>For a Beneficiary Designation, your signature must be witnessed by someone over the age of 18 who is not related to you and who is not your beneficiary.</p>		
<p>Trustee Designation (complete only if beneficiary is under age 18) I appoint as revocable Trustee to receive any amount which may be due my beneficiary, while such beneficiary is a minor:</p> <p>_____</p> <p>Full Legal Name</p>		
<p>X</p> <p>Signature of Employee</p>		<p>_____</p> <p>Date</p>
<p>X</p> <p>Signature of Witness</p>		<p>_____</p> <p>Date</p>