

Change of beneficiary form

Submit via email: adminsupport@peoplecorporation.com

Submit via mail: 1403 Kenaston Blvd., Winnipeg MB R3P 2T5

Submit via fax: 204-488-6008 **Claim inquiries:** 1-800-875-7982

Your division name can be found on your Summary of Coverage or in your Plan Member Booklet. Your certificate number can be found on your benefits card.

Plan member information

Name: _____

Division name: _____ Certificate #: _____

Beneficiary change

The effective date of the beneficiary change is the date this form is signed. Percentage allocations cannot exceed 100% in total. If a share percentage is not indicated, the death benefit will be divided equally among all surviving beneficiaries. If a beneficiary is not named the death benefit will be paid to the Employee's estate. I hereby revoke all prior beneficiary designations and now designate the person(s) named as my beneficiary.

Indicate if primary or contingent beneficiary*	Name		Date of birth DD/MM/YYYY	Relationship to plan member	Indicate if revocable or irrevocable	Percentage (cannot exceed 100% in total)
	Last	First name and middle Initial				
					revocable irrevocable	
					revocable irrevocable	
					revocable irrevocable	
					revocable irrevocable	

*The primary beneficiary will be paid the Life and Optional Life (if applicable) benefits upon the death of the plan member. If the primary beneficiary is deceased prior to the death of the plan member, the contingent beneficiary will be paid the benefit. If a contingent beneficiary is not noted, the benefit will be paid to the estate of the plan member.

Trustee designation

Complete this section only if the designated beneficiary is under the age of majority. Death benefits will not be paid directly to a minor beneficiary. Outside Quebec, you should name a trustee for a minor beneficiary and any death benefits due to the beneficiary, while a minor, will be paid to the trustee on their behalf. In Quebec, death benefits due to a beneficiary, while a minor, will be paid to their parent(s) or legal guardian unless you have established a formal trust.

I hereby appoint _____, who resides at _____,
as Trustee to receive any amount due to any beneficiary under the age of majority.

Trustee relationship to plan member: _____

Plan member signature

Date signed