

Member Name

ID Number

Policy Number

In accordance with the terms and conditions of the Group Life Insurance Contract with Blue Cross Life Insurance Company of Canada, I revoke all previous appointments of beneficiary and hereby appoint the following as beneficiary entitled to receive the proceeds arising by reason of my death.

BENEFICIARIES**PRIMARY BENEFICIARY(IES) — In equal shares, unless otherwise provided below, to such of:**

| Last Name | First Name | Date of Birth, if a minor (YYYY-MM-DD) | Relationship to Life Insured | Percentage |
|-----------|------------|--|---------------------------------|------------|
| | | | | % |
| | | | | % |
| | | | | % |

who may survive the life insured, and if no such beneficiary survives the life insured,

CONTINGENT BENEFICIARY(IES) — In equal shares, unless otherwise provided below, to such of:

| Full Name | Relationship to Life Insured | Date of Birth, if a minor (YYYY-MM-DD) |
|-----------|------------------------------|---|
| | | |
| | | |
| | | |

who may survive the life insured.

OPTIONAL CLAUSE — The following may also be checked, if desired: ☐ MINOR CLAUSE — Trustee for Children

Trustee Name: _____ Phone Number: _____

TRUSTEE DESIGNATION (COMPLETE IF PRIMARY OR CONTINGENT BENEFICIARY IS UNDER AGE 18):

I hereby appoint the trustee named hereabove to receive any amount due my beneficiary under age 18 and authorize such trustee to spend all or any portion of such amount and the income from it for the maintenance and education of such minor.

ACKNOWLEDGMENT & CONSENT

I declare that the answers to the questions on this form are complete and accurate.

I understand that the personal information I have given, as well as any other personal information currently held or provided in the future by Saskatchewan Blue Cross, Blue Cross Life Insurance Company of Canada and/or its agents may be collected, used, maintained and disclosed for the purposes of determining eligibility for coverage, underwriting, adjudicating and paying claims, administering products and services, audit and investigation, confirming my identity, maintaining my relationship with Saskatchewan Blue Cross and helping to develop and recommend suitable products and services to me.

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These include other Blue Cross® organizations and/or their authorized agents/representatives, licensed physicians, practitioners or other healthcare providers, hospitals, clinics or other medical facilities, other health and life insurers and reinsurers, MIB, LLC, employers (past and present), government and regulatory authorities and other third parties only when needed for a purpose stated above.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time in writing; however, if consent is withheld or revoked, coverage may be denied or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding the privacy policies of Saskatchewan Blue Cross and/or the collection, use or disclosure of my personal information, I can visit www.sk.bluecross.ca or call 1.800.667.6853. A photocopy of this authorization shall be as valid as the original.

Name of Life Insured (Print)

Name of Witness (Print)

Signature of Life Insured

Signature of Witness

Signed at _____ on this _____ day of _____ 20____
City/Town Province Day Month Year