

Designation of Beneficiary

When the form is completed and signed, return the original form to the Human Resource Service Centre.

Section A: Insured Employee/Spouse Information (please print)

Employee Number: _____ Employer Name (if applicable): _____

.....

Last Name of Insured: _____ First Name & Initial of Insured: _____

.....

Gender of Insured: Male Female

Section B: Designation (please print)

I, _____ being insured under Group Policy Number G. 161938 issued to the Government of Saskatchewan by the Canada Life Assurance Company do hereby revoke all previous designations and appointments of beneficiaries with respect to any amount payable upon my death under the said Policy and do hereby declare that all sums falling due with respect to such amounts on or after my death shall be paid as they respectively fall due to:

Name a Beneficiary for your Group Life Insurance

Primary Beneficiary(ies): Name the person(s) to receive the insurance benefit if you pass away while insured.

First and Last Name	Gender	Relationship to You				Date of Birth (dd/mm/yyyy)	% allocation to the combined total of 100%
	Male Female	Spouse	Child	Parent	Sibling		
		Friend	Estate	Other	_____		
	Male Female	Spouse	Child	Parent	Sibling		
		Friend	Estate	Other	_____		
	Male Female	Spouse	Child	Parent	Sibling		
		Friend	Estate	Other	_____		
	Male Female	Spouse	Child	Parent	Sibling		
		Friend	Estate	Other	_____		

Contingent Beneficiary(ies): Name the person(s) to receive the insurance benefit if you are predeceased by your primary beneficiary(ies).

First and Last Name	Gender	Relationship to You	Date of Birth (dd/mm/yyyy)	% allocation to the combined total of 100%
	Male Female	Spouse Child Parent Sibling Friend Estate Other _____		
	Male Female	Spouse Child Parent Sibling Friend Estate Other _____		
	Male Female	Spouse Child Parent Sibling Friend Estate Other _____		
	Male Female	Spouse Child Parent Sibling Friend Estate Other _____		

Trustee: If any person(s) above are under 18; name a trustee who will receive and be responsible for the insurance benefit on the child's behalf.

Provincial legislation does not allow payment of benefits directly to a minor (under 18 years of age). If you wish to name a minor as a beneficiary, you should appoint a trustee on this form to ensure that the benefits will be paid according to your intentions.

First & Last Name	Gender	Relationship to You	Date of Birth (dd/mm/yyyy)
	Male Female		
	Male Female		

If no beneficiary designated herein survives me, the benefits payable on and after my death are to be paid, subject to the rights of any assignee or beneficiary for value, to my estate.

To the fullest extent permitted by the laws applicable, I reserve the right to change or revoke this designation of beneficiary.

A designation is valid until a new trustee is named or until the beneficiary reaches the age of majority, which ever occurs first.

Dated at _____ this _____ day of _____, 20 ____.

Signature of Insured

Signature of Witness

Print Name

Comments and Instructions

Please complete additional Designation of Beneficiary forms for additional beneficiaries.

Prior to completing this form, the Insured must satisfy himself/herself that the completion thereof will carry out his/her intentions.

The Insured must consider the above designation of beneficiary in the event that he/she makes changes to a Will or changes marital status.

The Public Employees Group Life Insurance Plan is not responsible for the validity or effect of any designation made under this form.

In general, provincial legislation does not allow payment of benefits directly to a minor (under 18 years of age). If you wish to name a minor as a beneficiary, you should appoint a trustee on this form to ensure that the benefits will be paid according to your intentions.

Completing the Designation of Beneficiary Form

The Insured shall designate his/her own beneficiary. He/she may name an individual or in combination any family member, a friend or his/her Estate.

If the Insured wishes to designate as beneficiary a Church or Charitable Organization, all that is required is the legal name of the organization and its address.

Since it is necessary to use certain approved wording in the designation of a beneficiary or when a change in the beneficiary appointment is made, the following should be used where applicable:

Beneficiary named	Special considerations	Percentage allocated	Total %
Where one beneficiary is named:			
1. Mary Jane Smith, my wife		100%	100%
Where more than one beneficiary is named:			
1. Mary Jane Smith, my wife 2. William John Smith, my father 3. or to the survivor	Equally	1. 50% 2. 50% 3. 100%	100%
Where three or more are named:			
1. William John Smith, my son 2. Joseph Albert Smith, my son, 3. and Mary Jane Smith, my daughter, 4. or to the survivors or survivor	Equally	1. 33.33% 2. 33.33% 3. 33.34% 4. 100%	100%
Where the beneficiary is designated as the Estate:			
1. My Estate		100%	100%
Where beneficiaries are allowed fractional amounts:			
1. Mary Jane Smith, my wife, Two-thirds (2/3) 2. William John Smith, my son, One-third (1/3) 3. The share of the deceased beneficiary shall be paid to the survivor.	2/3 1/3	1. 66.66% 2. 33.34%	100%
Where a contingent beneficiary is designated:			
1. Mary Jane Smith, my wife, if living, 2. otherwise to William John Smith, my son		100%	100%
Where a trustee is designated*:			
1. Mary Jane Smith, my sister, in trust for William John Smith, my son.		100%	100%

*If a Trustee is appointed, that Trustee remains in place even when the Beneficiary is of legal age. The Trustee remains in place until the employee removes the Trustee information.

It is advisable to consult a lawyer when you choose a designation not in accordance with any of the above examples.