CINUP

APPOINTMENT OF BENEFICIARY - GROUP INSURANCE

JG10-CU

To submit a beneficiary change for your pension plan you will need to complete the appropriate beneficiary change form with your pension provider.

Employer Name _____ Firm #_____

Employee Name _____ Certificate # _____

In accordance with the terms and conditions of the Contract between the employer indicated above and the Insurance Company, I hereby revoke all previous appointment of beneficiary(ies) and hereby appoint the following as beneficiary(ies) to receive the proceeds arising by reason of my death. I reserve the right to change the beneficiary(ies) at any time.

PRIMARY BENEFICIARY – IMPORTANT: Any changes to information on this form must be initialed by the Employee.
Please complete this section in full, including the birth date, relationship, and percentage of Life Insurance proceeds for each Beneficiary. If a beneficiary is under the age of majority in your province/territory, a Trustee must be assigned.

Full Name	Birthdate (YYYY/MM/DD)	Relationship	Proportion must total 100%

TRUSTEE FOR BENEFICIARY UNDER THE AGE OF MAJORITY (please print)

I hereby name _____, my _____ (relationship) if living, as Trustee to receive and disburse any monies payable to any child under the age of majority listed above. Any payment made to said trustee shall discharge the company to the extent of such payment.

CONTINGENT BENEFICIARIES
You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy if all of the primary beneficiary(ies), named above, should die before you. In that event, a contingent beneficiary(ies) will automatically be entitled to the benefit that would have been payable to the primary beneficiary(ies). Should there not be any surviving beneficiaries at the time of your death, the proceeds will be paid to your estate.

Full Name	Birthdate (YYYY/MM/DD)	Relationship	Proportion must total 100%

AUTHORIZATION AND CONSENT
I understand the personal information provided herein as well as any other personal information currently held or collected in the future by CINUP and the insurance carriers of my group insurance policy may be collected, used, or disclosed to administer the terms of the group policy of which I am an eligible member, to develop and recommend suitable products and service to me and my employer, and to manage the organization's business.

I understand the personal information will be kept confidential and secure. I understand I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be declined or rescinded. I acknowledge more specific information about collection and use of my personal information can be found in the Privacy and Terms of Use section of www.cinup.ca or from the administrator of my benefit program.

Employee Signature _____ **Date** _____