



GROUP BENEFITS

BENEFICIARY DESIGNATION CHANGE FORM & TRUSTEE NOMINATION FOR A MINOR BENEFICIARY

INSTRUCTIONS

Use this form to request changes needed for your beneficiary designation, to assign a contingent beneficiary or to identify a trustee when appointing a minor as a beneficiary to your life insurance benefit coverage. This form must be completed in ink.

Please submit the physically signed copy to:

- > Email: benefits@mearie.ca
- > Fax: 905-265-5302
- > Mail: The MEARIE Group – 3700 Steeles Avenue West, Suite 1100, Vaughan, Ontario, L4L 8K8

SECTION #1: PLAN MEMBER INFORMATION

EMPLOYER NAME			DIVISION NUMBER	
EMPLOYEE NAME			CLASS	ID NUMBER
First Name	Middle Name	Last Name		

EFFECTIVE DATE OF CHANGE	MONTH	DATE	YEAR
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SECTION #2: BENEFICIARY DESIGNATION

Please PRINT your beneficiary's name in FULL. If more than one beneficiary is named, indicate the percentage for each beneficiary (if no percentage is indicated for multiple beneficiaries we will assume equal shares for each). If your beneficiary is under the age of majority, a trustee must be appointed.

PRIMARY BENEFICIARY:

First Name	Middle Name	Last Name	Under Age 18	Relationship	% Share
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Unless otherwise stipulated and unless prohibited by law, the designation of any beneficiary is revocable. The designation above will supersede any prior beneficiary designation. Where Quebec law applies, a spouse beneficiary is irrevocable unless you make the designation revocable by checking here: REVOCABLE

CONTINGENT BENEFICIARY:

In the event that there are no surviving Primary Beneficiary at the time of my death, the Contingent Beneficiary(ies) listed below will be entitled to receive the proceeds of all life insurance policies insured.

First Name	Middle Name	Last Name	Under Age 18	Relationship	% Share
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

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TRUSTEE NOMINATION:

Identify a trustee when appointing a minor as a beneficiary for your life insurance coverage under The MEARIE Group program. You can name an individual (an "administrator" or "trustee") other than the child's parents, or other legal guardian when applicable, to manage the proceeds on their behalf until the child reaches the age of majority (age 18 in Ontario). Before designating a trustee, we recommend you consult with a legal advisor and with the proposed trustee.

If you are separated or divorced you can name someone other than the child's other parent as the administrator/trustee which is allowable unless the minor beneficiary resides in Quebec. Quebec courts have ruled that when a death benefit under a life insurance policy is payable to a minor beneficiary, it must be paid to the child's parent(s) (or other legal guardian when applicable) and not to any other administrator/trustee named under the life insurance policy.

Full Name: _____ Relationship to Plan Member: _____

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SECTION #3: AUTHORIZATION

EMPLOYEE: I hereby apply for the Group Insurance Benefit(s) for which I am, or may later become eligible for and authorize the necessary deductions, if any, to be made by my employer from my earnings. I am authorized to disclose information about my spouse and dependents in order to enroll them under the plan. If the Member Identification Number is my Social Insurance Number, I authorize The MEARIE Group, its representatives and any service providers working with The MEARIE Group to use or exchange information collected in this form to underwrite, administer and adjudicate claims. Furthermore, I also authorize the use of such number for tax reporting identification and the administration of my benefits. I certify that the information given is true, correct and complete to the best of my knowledge.

Signature: _____ Date: _____