



EMPLOYEE BENEFIT PROGRAM BENEFICIARY/CONTINGENT BENEFICIARY CHANGE FORM

PROCESSING INSTRUCTIONS:

Use this form to report changes need for your beneficiary designation or to assign a contingent beneficiary to your life insurance benefit coverage.

This form must be completed in ink.

Please send the original signed form to **The MEARIE Group – 3700 Steeles Avenue West, Suite 1100, Vaughan, Ontario L4L 8K8**

GENERAL INFORMATION (Part A)

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

EFFECTIVE DATE OF CHANGE	Year	Month	Day
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PRIMARY BENEFICIARY DESIGNATION (Part A)

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

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 DESIGNATION (Part B)

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 under The MEARIE Group benefit program.

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

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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EMPLOYEE AUTHORIZATION (Part C)

_____ (Signature)	_____ (Date)
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At The MEARIE Group, we recognize and respect every individual's right to privacy. We use the personal information provided to determine your eligibility for coverage and administer the group benefit plan.