BENEFICIARY DESIGNATION / CHANGE

- **Please print.**
- **Remit this form to RWAM, dated, witnessed, completed & signed in ink.**
- **Keep a copy for your records.**

EMPLOYER DATA

Group # _____ Division _____ Class _____ Certificate # _____

Name of Employee (first, surname) _____

Name of Employer _____

EMPLOYEE STATEMENT

I revoke all prior beneficiary designations under my group insurance. I hereby designate the following person(s) to receive all group life insurance benefits payable on my death. If more than one beneficiary is named, the total of my group life insurance benefits are to be allotted to my beneficiaries by equal percentages, unless otherwise indicated below.

PRIMARY BENEFICIARY DESIGNATION CHANGE

Beneficiary Name(s) (first, surname)	**Relationship to Employee**	**% of Share** (must=100%)
		%
		%
		%

CONTINGENT BENEFICIARY DESIGNATION

If a primary beneficiary pre-deceases the employee, that beneficiary's share will be paid to the employee's estate, unless a contingent beneficiary is appointed. If you wish to name one or more contingent beneficiary(ies), complete below.

Contingent Beneficiary Name(s) (first, surname)	**Relationship to Employee**	**% of Share** (must=100%)
		%
		%
		%

TRUSTEE

If a Beneficiary is under age 18, group life insurance benefits cannot be paid to a minor. Consider naming a Trustee. (In Quebec, such Trustee must be a parent or legal guardian.) NOTE: Unless another Beneficiary Designation/Change form is completed to remove a named Trustee when a child is no longer a minor, group insurance benefits are still paid to the named Trustee, regardless of the beneficiary's age.

Trustee Name (first, surname)	**As Trustee for Beneficiary's Name(s)**	**Trustee's Relationship to the Beneficiary**

EMPLOYEE AUTHORIZATION

I understand the information I provide on this form will be used by RWAM Insurance Administrators Inc.(RWAM) and the insurer to administer my group insurance coverage and benefits. This designation/change will remain in effect until revoked in writing by me.

Employee Signature ✕ _____ **Date** _____

Witness Signature ✕ _____ **Date** _____

(Witness must be over age 18 and not a beneficiary)