



Beneficiary Designation Initial or Change

Send completed form to: RWAM Insurance Administrators Inc.
49 Industrial Dr., Elmira, ON N3B 3B1
csr-groupadmin@rwam.com

Please keep a copy for your records. A copy is as valid as the original.
Form should be dated, completed and signed in ink.
Any corrections must be initialed and correction fluid cannot be used.

EMPLOYER DATA

Group		Division		Class		Certificate #	
Name of Employee (first name, 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.

In Quebec, if you do not indicate whether the beneficiary designation is revocable or irrevocable, the designation of the legal spouse is irrevocable, and any other choice is revocable. In all provinces, an irrevocable beneficiary's written consent is required in order to make any change to the beneficiary designation. The following beneficiary designation applies to the employee's insurance. Dependent Life claims will be payable to the employee.

If no beneficiary designation is provided, the Life insurance benefits will be paid to your estate.

PRIMARY BENEFICIARY

You may designate primary and contingent beneficiary(ies) but it is not necessary to designate both types.

Beneficiary Name(s) (first name, surname)	Is Beneficiary Irrevocable	Relationship to Employee	% of Share (Total must = 100%)
	<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		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CONTINGENT BENEFICIARY

If a primary beneficiary predeceases 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 designations are always revocable.

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

TRUSTEE

If a beneficiary is under age 18, consider naming a trustee as group Life insurance benefits cannot be paid to a minor. (In Quebec, such trustee must be a parent or legal guardian.) Group Life insurance benefits will be issued according to the Insurer's guidelines.

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

AUTHORIZATION TO CHANGE IRREVOCABLE BENEFICIARY

Only complete the table below if you are an irrevocable beneficiary. If you were named as an irrevocable beneficiary, then the employee requires your consent to: (a) replace you as a beneficiary or (b) change the percentage of benefit payable to you upon the employee's death.

Irrevocable Beneficiary (first name, surname)	
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I hereby consent to any change of beneficiary under this contract. I hereby declare that I am of legal age.

Signature of Irrevocable Beneficiary		Date	
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EMPLOYEE AUTHORIZATION

I understand the information I provide on this form will be used by RWAM Insurance Administrators Inc. (RWAM) and the Insurer for the purposes of determining eligibility for group insurance coverage and benefits; and to administer benefits under this coverage. I hereby authorize my employer/plan administrator, the authorized group agent/broker, and the Insurer or Reinsurer to exchange any relevant and necessary information for such purposes. If I am applying for coverage for my eligible dependents, I confirm I am authorized to act on their behalf for such purposes. I declare that the statements made on this form are complete and true. I understand that if any statement is incomplete or false, any coverage granted may be voided. This authorization (original or photocopy) will remain valid for as long as I am claiming benefits or service, or until revoked by myself.

Employee Signature		Date	
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RWAM or the Insurer assumes no responsibility for the validity or sufficiency of this designation.