

TWU-USW EMPLOYEE LIFE AND HEALTH PLAN (ELHP)
(Life Insurance & Survivor Income Benefits)
DESIGNATION OF BENEFICIARY / OR CHANGE (for all provinces excluding Quebec)

By completing this form, you are asking the TWU-USW Employee Life and Health Plan (ELHP) to appoint the following person(s) as your Beneficiary or change the information you previously provided. Any previous, revocable Beneficiary(s) designated or Trustee appointment is revoked. For a previous, irrevocable Beneficiary(s), please see Section 7.

Section 1

MEMBER'S SURNAME: <small>(PLEASE PRINT)</small>		EMPLOYEE ID#:
GIVEN NAME(S): <small>(IN FULL)</small>		DATE OF BIRTH: DD MM YR
PREVIOUS NAME: <small>(ONLY IF APPLICABLE)</small>		SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
ADDRESS:		
CITY/PROV.:		POSTAL CODE:
HOME PHONE:	WORK OR CELL PHONE:	EMAIL ADDRESS:

IMPORTANT INFORMATION: Please see reverse "Definitions and Instructions" before completing your Beneficiary Designation.

Section 2: I, the above named Member, hereby appoint as my Designated Beneficiary for Group Life Insurance:

For policies issued in BC or Quebec only: If you named your spouse as a Beneficiary, the Designation is irrevocable unless you select Revocable.		Revocable <input type="checkbox"/>
Beneficiary names(s) (first, middle initial, surname):	Relationship:	Share (total 100%)

Section 3: I, the above named Member, hereby appoint as my Designated Beneficiary for Survivor Income Benefits:

For policies issued in BC or Quebec only: If you named your spouse as a Beneficiary, the Designation is irrevocable unless you select Revocable.		Revocable <input type="checkbox"/>
Beneficiary names(s) (first, middle initial, surname):	Relationship:	Share (total 100%)

Section 4: (Optional) In the event the Group Life Insurance Designated Beneficiary is deceased as at your date of death, I, the above named Member, hereby appoint a Contingent Beneficiary for Group Life Insurance:

For policies issued in BC or Quebec only: If you named your spouse as a Beneficiary, the Designation is irrevocable unless you select Revocable.		Revocable <input type="checkbox"/>
Beneficiary names(s) (first, middle initial, surname):	Relationship:	Share (total 100%)

Section 5: (Optional) In the event the Survivor Income Benefit Designated Beneficiary is deceased as at your date of death, I, the above named Member, hereby appoint a Contingent Beneficiary for Survivor Income Benefit:

For policies issued in BC or Quebec only: If you named your spouse as a Beneficiary, the Designation is irrevocable unless you select Revocable.		Revocable <input type="checkbox"/>
Beneficiary names(s) (first, middle initial, surname):	Relationship:	Share (total 100%)

Section 6: Complete the following section if a Beneficiary named on this form is a minor. If so, you agree that any benefit that becomes payable to a minor child will be paid to the Trustee to hold in trust for the child until the child comes of age.

Beneficiary names(s) (first, middle initial, surname):	Trustee names(s) (first, middle initial, surname):	Relationship of Trustee to Beneficiary

Section 7: By signing this form, you revoke any Beneficiary designation made with respect to any benefit payable upon your death and direct those benefits to be paid to the Beneficiary(s) listed on this form.

Member's Signature:		Date: DD MM YR
By signing the following box, you, the irrevocable Beneficiary, consent to the above change in the Beneficiary designation listed on this form and relinquish your rights as a Beneficiary.		
Signature of irrevocable Beneficiary, if applicable:	Signature of Witness:	Date: DD MM YR

DEFINITIONS AND INSTRUCTIONS (for all provinces excluding Quebec)

There are two benefits payable upon the death of a Member: a Lump-Sum Life Insurance Benefit and a Survivor Income Benefit (SIB). These benefits are described in the Plan booklet and can be found on the Plan's website at www.twplans.com or you can contact the Benefits office at 604-430-3300 or toll-free at 1-877-430-3302 and request that a copy be sent to you.

Beneficiary Designation:

Beneficiaries (**other than your spouse under a British Columbia and Quebec policy**) are revocable unless you write the word "irrevocable" after the Beneficiary's name.

When you complete this form, all previous Beneficiary designations and Trustee appointments are revoked unless they are irrevocable. If you change a Beneficiary but still want to leave a previous designation intact, you must complete their name(s) again on this form.

For benefits issued in British Columbia or Quebec: If you name your spouse as a Beneficiary, the designation is irrevocable unless you place a check mark in the box marked Revocable.

If you have an irrevocable Beneficiary, you cannot change your designation without the written consent from this appointed Beneficiary. Written consent can be provided at the time you are changing your Beneficiary designation by having the irrevocable Beneficiary sign the Beneficiary Designation form.

You can name a Secondary Beneficiary in the event of the death of a designated Beneficiary by writing the word "Secondary" beside their name. The Secondary Beneficiary would only be entitled to a benefit if the primary designated Beneficiary(s) is not alive at your date of death.

Minors (under age 18) cannot legally receive the benefits payable and a Trustee should be named who will receive those benefits on behalf of the minor child to hold in trust until the minor child comes of age.

Please note: If a Member designates, alters or revokes Beneficiaries at any time prior to their death in the form of a signed, written declaration, the proof must be submitted for review before any benefits will be paid. This includes Wills, Court Orders, and Separation Agreements.

Instructions for completing this form:

- Section 1 Complete your personal information including your Employee ID number so that we can identify you.
- Section 2 Complete your designated Beneficiary(s) information for the Life Insurance Benefit. Please make sure that you have read the above information regarding Beneficiary Designation prior to completing this section.
- Section 3 Complete your designated Beneficiary(s) for the Survivor Income Benefit. Please make sure that you have read the above information regarding Beneficiary Designation prior to completing this section.
- Section 4 **Optional.** Only complete this section if you wish to name a Contingent Beneficiary for Group Life Insurance in the event of death of one of your Designated Beneficiaries. If no Contingent Beneficiary is named, the death benefit will be shared by the surviving Beneficiaries or your Estate if only one Beneficiary was designated.
- Section 5 **Optional.** Only complete this section if you wish to name a Contingent Beneficiary for Survivor Income benefit in the event of death of one of your Designated Beneficiaries. If no Contingent Beneficiary is named, the death benefit will be shared by the surviving Beneficiaries or your Estate if only one Beneficiary was designated.
- Section 6 Complete this section **only** if you have named a minor child as a Beneficiary.
- Section 7 Sign and date this form. If you are changing an irrevocable Beneficiary, this Beneficiary must consent to the change by signing and dating the form and having the form witnessed by someone other than the Member before it will become effective.

TWU-USW EMPLOYEE LIFE AND HEALTH PLAN (ELHP)
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