



# BENEFICIARY DESIGNATION CARD

P.O. Box 5044, 1122 International Boulevard  
Burlington, Ontario L7R 4C1  
**905.319.9501**

NAME OF EMPLOYER		POLICY NUMBER(S)	BILLING DIVISION	
EMPLOYEE NAME			SOCIAL INSURANCE NUMBER	

**BENEFICIARY DESIGNATION** *To name more than one beneficiary or to name a contingent beneficiary, ask your plan administrator for assistance.*

Beneficiary's Last Name	First Name	Initial	%	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
If none of the above is living then pay				
_____	_____	_____	_____	_____

**FOR RESIDENTS OF QUEBEC ONLY:**  
A spousal beneficiary designation is irrevocable unless you make the designation revocable by checking here.  
REVOCAABLE

Employee's Signature \_\_\_\_\_ Date (mm / dd / yyyy) \_\_\_\_\_