OPTIONAL GROUP LIFE CHANGE OF BENEFICIARY

P 922 (R2016-02)

| Group Policy Holder <br> IAFF Local $\mathbf{2 5 5}$ / The City of Calgary | Policy No. | Employee ID |  |  |  |  |  |  |
| :--- | :--- | :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| Employee Last Name |  |  |  |  |  |  |  |  |

I hereby revoke all previous beneficiary designations and designate the following beneficiary(ies)
PRIMARY BENEFICIARY(IES) - in equal shares, unless otherwise provided below:
FULL NAME (please print)
$\qquad$
$\qquad$
$\qquad$

If there are no surviving beneficiaries at the time of my death, I declare that the following Contingent Beneficiaries shall receive the proceeds. If there are no surviving Contingent Beneficiaries at the time of my death, the proceeds shall be paid to my estate.
CONTINGENT BENEFICIARY(IES) - in equal shares, unless otherwise provided below:

> FULL NAME (please print)

RELATIONSHIP TO LIFE INSURED

| PERCENT | BIRTHDATE |
| :---: | :---: |
| ALLOCATED | (if under 21) |

## MINOR CLAUSE - check $(\checkmark)$ if necessary

TRUSTEE FOR CHILDREN

FULL NAME (please print) RELATIONSHIP TO LIFE INSURED
is hereby appointed Trustee to receive any payment due on or after the life insured's death to any BENEFICIARY DESIGNATED on this form who is a minor on the date such payment falls due.

I reserve the right to change this designation of beneficiary.
The company assumes no responsibility for the validity or effect of this designation.

| Signed At (City, Province) | Date Day | Month (Alpha) | Year |
| :---: | :---: | :---: | :---: |
| Signature of Life Insured |  |  |  |

This information is collected for the purpose of benefit administration. The information is collected under the Alberta Freedom of Information and Protection of Privacy Act, Section 33(c) and is protected by this Act. Information will be provided to companies under contract to provide the identified benefit coverage. If you have any questions about the use of the information on this form, contact HR Support Services at 403-268-5800.

