

OPTIONAL GROUP LIFE CHANGE OF BENEFICIARY

P 922 (R2016-02)

	Policy No.	Employee ID	
IAFF Local 255 / The City of Calgary	50767		
Employee Last Name	Employee Given Nam	e(s)	
hereby revoke all previous beneficiary designa	ations and designate the followin	a haneficiary/ies)	
PRIMARY BENEFICIARY(IES) - in equal shares, unless		g beneficial y(les)	
FULL NAME (please print)	RELATIONSHIP TO LIFE INSURED	PERCENT	BIRTHDATE
TOLE NAME (please plint)	NEATONOTH TO EIL INGONED	ALLOCATED	(if under 21)
there are no surviving beneficiaries at the timeceive the proceeds. If there are no surviving aid to my estate. CONTINGENT BENEFICIARY(IES) - in equal shares, un	Contingent Beneficiaries at the ti		
FULL NAME (please print)	RELATIONSHIP TO LIFE INSURED	PERCENT	BIRTHDATE
W P - 9		ALLOCATED	(if under 21)
			,
			,
MINOR CLAUSE - check (✓) if necessary			
MINOR CLAUSE - check (√) if necessary TRUSTEE FOR CHILDREN			
TRUSTEE FOR CHILDREN	orint)		HIP TO LIFE INSURED
	print)		HIP TO LIFE INSURED
TRUSTEE FOR CHILDREN FULL NAME (please plants) is hereby appointed Trustee to receive any particular.	ayment due on or after the life ins	RELATIONS ured's death to any	
TRUSTEE FOR CHILDREN FULL NAME (please plants) is hereby appointed Trustee to receive any particle of the plants	ayment due on or after the life ins the date such payment falls due	RELATIONS ured's death to any	
is hereby appointed Trustee to receive any particle DESIGNATED on this form who is a minor on reserve the right to change this designation of	ayment due on or after the life ins the date such payment falls due f beneficiary.	RELATIONS	
	ayment due on or after the life ins the date such payment falls due f beneficiary.	RELATIONS ured's death to any .	
is hereby appointed Trustee to receive any particle DESIGNATED on this form who is a minor on reserve the right to change this designation of the company assumes no responsibility for the	ayment due on or after the life ins the date such payment falls due f beneficiary.	RELATIONS ured's death to any .	BENEFICIARY

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.

Please return to : HR Support Services/Benefits #8107BN The City of Calgary P.O. Box 2100, Stn M Calgary, AB T2P 2M5