



## Appointment of Beneficiaries

### Life Insurance and Accidental Death and Dismemberment

This beneficiary designation is for all **Group Life Insurance Benefits** and all **Accidental Death and Dismemberment Benefits** for which you are covered with the Alberta Health Services, Calgary and Area. Please ensure you sign and date this form in the areas provided below.

I, \_\_\_\_\_ Employee Number: \_\_\_\_\_  
(Employee Name – Please print Clearly)

hereby revoke all previous appointments or optional settlement directions, and declare that upon my death the proceeds in respect of the following insurance benefits shall be paid to those noted.

Name of Beneficiary(ies) (Please print clearly)	Relationship (to yourself)	Allocation in % (Must total 100%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there are no surviving beneficiaries, I declare that upon my death, the following contingent Beneficiaries, if living, shall receive the proceeds. If there are no surviving Contingent Beneficiaries, the proceeds shall be paid to my estate. I revoke all previous contingent beneficiary appointments.

Name of Contingent Beneficiary(ies) (Please print clearly)	Relationship (to yourself)	Allocation in % (Must add up to 100%)
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more than one beneficiary is named, the proceeds shall be divided as per the percentage that has been indicated. If a beneficiary predeceases the member, that beneficiary's share shall be divided equally among the surviving beneficiaries.

**The plan member may change the beneficiary at any time without the beneficiary's consent, unless prohibited by law.**

**To be completed when appointing a trustee for a minor Beneficiary**

I revoke all previous trustee appointments and appoint, \_\_\_\_\_ as trustee to  
(Enter name of trustee)  
receive any proceeds on behalf of any beneficiary hereunder during his or her minority. I authorize the trustee to apply such proceeds solely for the support, maintenance, education and benefit of such beneficiary at the discretion of the trustee.

Please sign and date:

Signed at \_\_\_\_\_ in the Province of Alberta

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_