



**5****Information about your spouse's group insurance plan**

Name of your spouse's group insurer	Policy No.	Coverage:	Health Care	<input type="checkbox"/> Individual	<input type="checkbox"/> Family
			Dental Care	<input type="checkbox"/> Individual	<input type="checkbox"/> Family

**6****Change of beneficiary designation**

*This beneficiary designation applies to all life insurance benefits under the policy.*

Beneficiary surname	Given name	Relationship to participant	%

If the designated beneficiary is legal heirs or estate, please write in full "Legal heirs" or "Estate" and do not provide name(s), given name(s) or relationship to participant. If you wish to designate a contingent beneficiary, please complete the Beneficiary designation form. If more than one beneficiary is designated and if one of the beneficiaries dies before the participant, his/her share will be divided equally among the other designated beneficiaries.

In accordance with the terms and conditions of the above-mentioned group insurance policy, I, the undersigned, hereby revoke any previous designation of beneficiary and name the above-mentioned person as my beneficiary entitled to received any amount payable under this policy upon my death. If this beneficiary predeceases me and I do not have a contingent beneficiary, the death benefit will be payable to my estate.

Participant Signature	Date (yyyy/mm/dd)
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**7****Declaration appointing Trustee** *(to be completed if beneficiary is under legal age)*

I hereby appoint \_\_\_\_\_ as Trustee to receive any amount due to any beneficiary under legal age and I declare that the receipt of such Trustee shall be valid discharge to Standard Life of the amount so paid. I also hereby authorize such Trustee at his/her discretion to apply on behalf of such beneficiary the whole or any portion of such amount and the income derived therefrom for the care, maintenance, education, advancement in life or other benefit of such beneficiary.

Participant Signature	Date (yyyy/mm/dd)
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**8****Name change**

New surname	New given name(s)	Initial
Reason for change <input checked="" type="checkbox"/> Marriage <input type="checkbox"/> Correction <input type="checkbox"/> Other (specify):		
Participant Signature	Date (yyyy/mm/dd)	

**Mail to: ICBA Benefit Services Ltd. - #211 - 3823 Henning Dr. Burnaby BC V5C 6P3**