



Group Division
702 – 191 Broadway, Winnipeg, MB R3C 3P1

**Group Benefits
Change of Beneficiary**

IDENTIFICATION

Policyholder: _____ Group No. G- _____
Employee Name: _____ Certificate No. C- _____
Surname First Name

GENERAL INFORMATION

- Please note that designating a beneficiary is one of the most important decisions you will make regarding this Group Insurance Plan. The designations that you make should clearly reflect your intentions of who will receive the death benefit proceeds.
- If you are designating a beneficiary who is a minor, insurance proceeds cannot be paid directly to him/her. In order to avoid difficulties with settlement of a claim, a trustee should be named for all minor children.
- When percentages have been allocated to each beneficiary, only these amounts can be paid to each beneficiary. Should one of the beneficiaries die before you, his/her portion would be made payable to your estate.

CHANGE OF BENEFICIARY

Change of Beneficiary for: Employee Life Insurance And / Or Optional Life Insurance
(Please circle one)

I revoke the appointment of any existing beneficiary(ies) and designate the following person(s) to receive the money payable under the Wawanesa Life Group Insurance Plan listed above.

I reserve the right, without the consent of the beneficiary(ies), to further change the beneficiary subject to any statutory restrictions.

Beneficiary's Name(s)	% Allocated	Relationship of Beneficiary to Applicant
Surname First Name Initial		
Surname First Name Initial		
Surname First Name Initial		
Surname First Name Initial		
Surname First Name Initial		

TRUSTEE DESIGNATION

Trustee Designation: I hereby appoint _____ Name _____ Relationship _____
As trustee to receive any payments on behalf of _____, the beneficiary that I have designated above during his/her minority.

AUTHORIZATION & ACKNOWLEDGEMENT

I understand that this Change of Beneficiary will not take effect unless this form is received and validated by The Wawanesa Life Insurance Company. After such receipt and validation, the Change of Beneficiary will take effect on the date of such validation.

Date _____ Signature of Employee _____
Witness Name (Please Print) _____ Signature of Witness _____

NOTICE CONCERNING PERSONAL INFORMATION

You have previously provided consent to Wawanesa Life for the collection, use and disclosure of your personal information for the purposes of: establishing and maintaining communications with you; underwriting risks on a prudent basis; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet your needs; compiling statistics and acting as required or authorized by law. That consent applied to personal information being provided to Wawanesa Life at that time and to personal information that may be provided after that time.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy from the Wawanesa Life Head Office at 200 - 191 Broadway, Winnipeg, MB R3C 3P1 or at www.wawanesalife.com

FOR HEAD OFFICE USE ONLY

Recorded by The Wawanesa Life Insurance Company this _____ day of _____, _____.
Validated by: _____.