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MONTREAL QC H3A 6T6
TEL: 1-888-588-1212 FAX: 1-514-286-8444

Member's Name: _____ **Policy Number:** 14211 **Division Number:** 000

Identification / Member Number: _____
(If you are part of a payroll policy, please provide payroll number above.)

1 DECLARATION OF RELEASE OF INTEREST

I, having been named as an irrevocable beneficiary of the named Member within the policy mentioned above, hereby release all of my rights, titles or interests in said policy.

Dated at _____ this _____ day of _____ 20 _____

Beneficiary Name: _____ Beneficiary Signature: _____
(Please Print)

Address: _____

Witness' Name: _____ Witness' Signature: _____
(Witness to Signature of Beneficiary - Please Print)

2 DECLARATION OF APPOINTMENT OF BENEFICIARY

With the exception of an irrevocable designation, you may change your beneficiary at any time without his or her consent.

By choosing irrevocable, no future changes to the designated beneficiary(ies), including the percentage assigned, will be permitted without the written consent of said irrevocable beneficiary(ies). Irrevocable beneficiary(ies) considered a minor under the provincial jurisdiction of residence cannot give consent to these changes.

For the Province of Québec, the designation of your spouse as beneficiary is presumed irrevocable unless otherwise specified.

Benefits are paid to the designated beneficiary(ies) below. If a legal beneficiary has not been appointed and the below fields are left blank, benefits are paid to the estate of the deceased Member.

First Name	Last Name	Date of Birth (DD/MM/YYYY)	Percentage (Must total 100%)	Relationship	Telephone Number	Revocable	Irrevocable
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>

Trustee and Contingent Information:

Trustee: A person given control or powers of administration of property held in trust with a legal obligation to administer it solely for the purposes specified. For designated beneficiaries considered a minor, a Trustee is to receive any amount due for any beneficiary considered a minor under the provincial jurisdiction of residence.

Contingent: The individual(s) designated by the Member to receive benefits in the event the primary beneficiary is deceased.

	First Name	Last Name	Date of Birth (DD/MM/YYYY)	Relationship	Telephone Number
Trustee					
Contingent					

For the Province of Québec, where the beneficiary of a life insurance policy is a minor at the time of the insured's death, Medavie Blue Cross will pay the proceeds to parent(s) (or other legal guardian, if applicable), and not to anyone else who might be named as administrator/trustee of the proceeds. If you wish to have another person administering the child's proceeds, you should have the proper provisions in your will. You may also want to consult with a legal counsel to determine whether there is some estate planning steps you can take to support your wishes.

3 PRIVACY CONSENT

I understand that the personal information provided herein, as well as any other personal information currently held or collected in the future by Medavie Blue Cross and/or Blue Cross Life Insurance Company of Canada, may be collected, used, or disclosed to administer the terms of my policy or the group policy of which I am an eligible member, to recommend suitable products and services to me, and to manage Blue Cross's business. Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross organizations, health care professionals or institutions, life and health insurers, government and regulatory authorities, and other third parties when required to administer and manage the benefits outlined in the policy of which I am an eligible member.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, in some instances doing so may prevent Blue Cross from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure.

A photocopy of this authorization shall be as valid as the original. This consent complies with federal and provincial privacy laws. For additional information regarding privacy policies at Medavie Blue Cross, visit medaviebc.ca or call 1-800-667-4511.

4 AUTHORIZATION OF CHANGE

I, the Member, hereby revoke all previous designations of any beneficiary(ies). I now designate the beneficiary(ies) specified in Section 2 (Declaration of Appointment of Beneficiary) to receive proceeds payable on my death under the policy mentioned above.

Dated at _____ this _____ day of _____ 20 _____

Member's Name: _____ Member's Signature: _____
(Please Print)

