



Beneficiary Designation Initial or Change

eSignature Option: Certificate of Completion must accompany this form.
Handwritten Option: Complete in ink, with any corrections initialed. A copy should be kept for your records and is considered as valid as the original.
 Send completed form to membership@lstar.ca

EMPLOYER DATA

Group	19537	Division	1	Class	A	Certificate #	
Name of Employee (first name, surname)							
Name of Employer		London and St Thomas Association of Realtors					

EMPLOYEE STATEMENT

I revoke all prior beneficiary designations under my group insurance. I hereby designate the following person(s) to receive all group Life insurance benefits payable on my death. If more than one beneficiary is named, the total of my group Life insurance benefits are to be allotted to my beneficiaries by equal percentages, unless otherwise indicated below.

In Quebec, if you do not indicate whether the beneficiary designation is revocable or irrevocable, the designation of the legal spouse is irrevocable, and any other choice is revocable. In all provinces, an irrevocable beneficiary's written consent is required in order to make any change to the beneficiary designation. The following beneficiary designation applies to the employee's insurance. Dependent Life claims will be payable to the employee.

If no beneficiary designation is provided, the Life insurance benefits will be paid to your estate.

PRIMARY BENEFICIARY

You may designate primary and contingent beneficiary(ies) but it is not necessary to designate both types.

Beneficiary Name(s) (first name, surname)	Relationship to Employee	% of Share (Total must = 100%)

CONTINGENT BENEFICIARY

If a primary beneficiary predeceases the employee, that beneficiary's share will be paid to the employee's estate, unless a contingent beneficiary is appointed. If you wish to name one or more contingent beneficiary(ies), complete below. Contingent beneficiary designations are always revocable.

Contingent Beneficiary Name(s) (first name, surname)	Relationship to Employee	% of Share (Total must = 100%)

TRUSTEE

If a beneficiary is under age 18, consider naming a trustee as group Life insurance benefits cannot be paid to a minor. (In Quebec, such trustee must be a parent or legal guardian.) Group Life insurance benefits will be issued according to the Insurer's guidelines.

Trustee Name (first name, surname)	As Trustee for Beneficiary Name(s)	Trustee's Relationship to Beneficiary

EMPLOYEE AUTHORIZATION

I understand the information I provide on this form will be used by RWAM Insurance Administrators Inc. (RWAM) and the Insurer for the purposes of determining eligibility for group insurance coverage and benefits; and to administer benefits under this coverage. I hereby authorize my employer/plan administrator, the authorized group agent/broker, and the Insurer or Reinsurer to exchange any relevant and necessary information for such purposes. If I am applying for coverage for my eligible dependents, I confirm I am authorized to act on their behalf for such purposes. I declare that the statements made on this form are complete and true. I understand that if any statement is incomplete or false, any coverage granted may be voided. This authorization (original or photocopy) will remain valid for as long as I am claiming benefits or service, or until revoked by myself.

Employee Signature	<small>Certificate of Completion must accompany this form with eSignatures</small>	Date	
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RWAM or the Insurer assumes no responsibility for the validity or sufficiency of this designation.