



**GROUP LIFE INSURANCE
 BENEFICIARY UPDATE FORM**
The Teachers' Life Insurance (Government Contributory) Act

Name (Surname, Given) _____ Previous Name(s) (if applicable) _____
 Social Insurance Number _____ Date of Birth _____ Teaching Cert. # _____ Sex: M / F

Complete this form to designate either a single beneficiary or multiple beneficiaries who will receive any group life insurance benefits payable under the Teachers' Life Insurance Plan in the event of your death. You are not limited to the choices set out in this form, however, if you wish to make a designation which this form does not accommodate, you should obtain professional advice to ensure that your designation is properly made. If there is no beneficiary to whom the benefits can be paid, the money will be paid to your estate.

SINGLE BENEFICIARY

I designate the following as my beneficiary:

Name of Beneficiary	Relationship	Percentage of Payment	Age if Under 19
		100%	

In the event that my beneficiary dies before I do: (choose 1 of the following)

- I designate my estate as my beneficiary.
- I designate the personal representative (include address) of my deceased beneficiary as my beneficiary. _____

I designate the following as my Alternate Beneficiary:

Name of Alternate Beneficiary	Relationship	Percentage of Payment	Age if Under 19

If an Alternate Beneficiary predeceases me, the proceeds payable to that beneficiary shall be proportionately distributed to the remaining Alternate Beneficiaries, or to my estate if no Alternate Beneficiaries survive me.

OR

MULTIPLE BENEFICIARIES

I choose the following persons as my Named Beneficiaries, each to receive the portion of the proceeds indicated:

Beneficiary Number	Name of Beneficiary	Relationship	Percentage of Payment	Age if Under 19

In the event that any Named Beneficiary dies before I do, the proceeds that would have been payable to that beneficiary shall be: (choose 1 of the following)

- paid to my estate.
- proportionately distributed to the remaining Beneficiaries.
- paid to the personal representative (include address) of the deceased beneficiary. _____

paid to the Alternate Beneficiary of the deceased beneficiary as follows: _____

Beneficiary Number	Name of Alternate Beneficiary	Relationship	Age if Under 19

If an Alternate Beneficiary dies before I do, the proceeds that would have been payable to that beneficiary shall be (choose 1 of the following):

- proportionately distributed to the remaining Named Beneficiaries.
 distributed in equal shares to the remaining Alternate Beneficiaries.
 paid to the personal representative and address of the deceased Alternate Beneficiary. _____
 paid to my estate.

In the event that any beneficiary is a minor at the date of my death, the proceeds payable to that beneficiary shall be paid to the following person in trust to be used for the benefit of that beneficiary and held until the beneficiary attains the age of majority:

Name of Trustee	Address

The designations in this form revoke and replace any designations that I have previously made under this insurance plan.

Signature of Teacher

Signature of Witness (other than beneficiary)

Address of Teacher

Province of Residence

Postal Code

Dated in _____ on _____
Day/month/year

TO BE COMPLETED BY SCHOOL BOARD

Name and No. of School Board _____

Date of Employment _____

Signature of Authorized Official _____

TO BE COMPLETED BY COMMISSION

Date of Termination _____

Amount of Life Insurance in Effect _____

Class 1 – Section 1 (age 65 or under) _____

Class 1 – Section 101 (over 65) _____

Authorized Signature _____ Date _____

N.B. PLEASE RETAIN A COPY FOR YOUR FILE AND SUBMIT THE ORIGINAL TO TEACHERS' SUPERANNUATION COMMISSION. ORIGINAL WILL BE RETAINED ON FILE TO SUPPLY TO THE CARRIER IN THE EVENT OF A CLAIM.

Inquiries about the Teachers' Group Life Insurance Plan may be directed to the Plan Administrator at 787-9195 or 1-877-364-8202.