

This form must be completed if you wish to designate one or more beneficiaries for your group life insurance coverage in the event of your death. If you do not complete this form, it will default to your estate.

Instructions:

1. Type or print (as legibly as possible) information to complete Sections 1- 4. Print, sign (in ink) and record the date in Section 5.
DO NOT use whiteout as it will invalidate the form. Instead, cross out errors and initial any corrections you make.
2. Mail ORIGINAL to: Benefit Service Centre, Block E – 2261 Keating Cross Road, Saanichton, BC V8M 2A5
Keep a copy for your records.

1. Employee Information	Given name(s) in full	Last name	Ministry/Organization	
	Home/Mailing address (Street, City Postal Code)		Email address	
	Date of birth (yyyy/mm/dd)	Social Insurance Number	Gender (☑) <input type="checkbox"/> M <input type="checkbox"/> F	Employment Status (☑) <input type="checkbox"/> Active employee ID _____ <input type="checkbox"/> Retired member
2. Beneficiary Designation Important! Are you designating more than three beneficiaries? (☑) <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please record beneficiaries four and above on a second copy of this form. Number, sign and date both forms. Note that the signatures and dates on both forms must match to validate the forms. Form Number: _____ Form of _____	Under the Group Life Insurance Plan contracted under the <i>Public Service Benefits Plan Act</i> , I hereby revoke any previous designation and want any moneys payable upon my death to be disbursed as follows: Mark the appropriate box (☑) <input type="checkbox"/> My Estate <input type="checkbox"/> The Beneficiary(ies) designated below			
	Beneficiary's name		Percentage allocated	
	Mailing address			
	Date of birth (yyyy/mm/dd)	Relationship to employee		
	Beneficiary's name		Percentage allocated	
	Mailing address			
	Date of birth (yyyy/mm/dd)	Relationship to employee		
	Beneficiary's name		Percentage allocated	
	Mailing address			
	Date of birth (yyyy/mm/dd)	Relationship to employee		
3. Trustee Appointment Consider nominating a trustee for any minor beneficiary(ies) (under the age of 19). If living, the Trustee is to receive and disburse any moneys payable under the said group policy to my beneficiary(ies) during minority, and any payments made to the said trustee shall discharge THE GREAT-WEST LIFE ASSURANCE COMPANY to the extent of such payment. <u>If no trustee is nominated for the minor beneficiary(ies), the moneys will be paid to the Public Guardian and Trustee of BC and be managed until the child reaches age 19.</u>				
Trustee's name		Relationship to employee		
Mailing address				
4. Additional Information (if required)				
Employee signature		Date signed (yyyy/mm/dd)		
5. Employee Authorization				

Freedom of Information and Protection of Privacy Act (FOIPPA) This information is collected by the British Columbia Public Service under s. 26(c) of FOIPPA. Any questions about the collection and the use of this information can be directed to an HR Service Representative at the BC Public Service Agency by submitting a request to AskMyHR, phoning: 1-877-277-0772 or writing to: Manager, Contact Centre Operations, BC Public Service Agency, 810 Blanshard Street, Victoria, BC V8W 2H2

For more information about your benefits, contact MyHR at: www.gov.bc.ca/myhr/contact.