GROUP LIFE BENEFICIARY DESIGNATION

Public Service Benefit Plan - Policy 6878

This form must be completed if you wish to designate one or more beneficiaries for your Basic Life Insurance, Optional Employee Life Insurance and Optional Employee AD&D 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 (m/d/yy)	Social Insurance Number	Gender (☑) ☐ M ☐ F	Employment Status (☑) ☐ Active employee ID _____ ☐ Retired member
2. Beneficiary Designation	Under the **Group Life Insurance Plan** contracted under the *Public Service Benefits Plan Act*, I hereby revoke any previous designation and want any moneys payable upon my death to be disbursed as follows: Mark the appropriate box (☑) ☐ My Estate ☐ The Beneficiary(ies) designated below			
Important! Are you designating more than three beneficiaries? (☑) ☐ No ☐ Yes	Beneficiary's name			Percentage allocated
	Mailing address			
	Date of birth (m/d/yy)	Relationship to employee		
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.**	Beneficiary's name			Percentage allocated
	Mailing address			
	Date of birth (m/d/yy)	Relationship to employee		
Form Number:	Beneficiary's name			Percentage allocated
	Mailing address			
Form of	Date of birth (m/d/yy)	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 CANADA LIFE ASSURANCE COMPANY to the extent of such payment. 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.			
	Trustee's name		Relationship to employee	
	Mailing address			
4. Additional Information (if required)				
5. Employee Authorization	Employee signature		Date signed (m/d/yy)	

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 for the purpose of administering your benefits. Any questions about the collection and the use of this information can be directed in writing to the Manager, Benefit Design and Programs, 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.