

Designation of Beneficiary



Group Policy No. 20570/No. 20571

Employee Information

Employee's Given Names in Full

Employee's Last Name

M F

Date of Birth (year/month/day)

Gender

Employee ID

Designation of Beneficiary

Given Names in Full	Last Name	Relationship to Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To be divided as follows (if applicable): In equal shares or to the survivors(s) Other (please specify)

Trustee Clause

If appointing a Minor Beneficiary, you may wish to complete this Trustee Clause.

I hereby nominate and appoint:

Given Names in Full	Last Name	Relationship to Employee
_____	_____	_____

if living, to receive and disburse any monies 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.

Signature

Employee Signature	Date
_____	_____

- This form can be completed on-line by tabbing to each field, or you may print the blank form by clicking on the 'print' icon and completing the form by hand.
- Sign and date the original form and send it to your Ministry Pay and Benefits Office.
- You may wish to retain a copy for your own records.

For Payroll Use Only

The above named designated beneficiary/beneficiaries has/have been placed on file with the Group Policyholder.

Pay and Benefits Signature	Date
_____	_____

MyCHOICE

A benefits program for Government of Alberta union employees

Government
of Alberta