

# CHANGE OF BENEFICIARY



British Columbia Life & Casualty Company

for PBC office use only

**Mailing Address:**  
PO Box 7000, Vancouver, BC V6B 4E1  
**Street Address:**  
4250 Canada Way, Burnaby, BC  
**Fax:** 604 419-2990

The change of beneficiary is for:

- Employee  
 Spouse

Name of Company/Organization

Group Number

Employee ID Number (e.g. S.I.N.)

Surname

First Name

Middle Initial

## Beneficiary Designation - I hereby designate as revocable beneficiary in the event of my death:

Full Legal Name	Relationship	Benefit(s)	Share of Proceeds
		<input type="checkbox"/> Life <input type="checkbox"/> Optional Life	%
		<input type="checkbox"/> Life <input type="checkbox"/> Optional Life	%

I hereby revoke all previous beneficiary appointments and dispositions and designate the above named if living, otherwise my executors or administrators, to receive any amount due on my death while insured under this group policy. I reserve the right to change any beneficiary named above.

## Trustee Designation (Complete only if a Beneficiary is under age 18).

I hereby appoint as revocable Trustee to receive from BC Life any amount which may be due to my beneficiary, while such beneficiary is a minor:

Full Legal Name	Relationship

I consent to the personal information provided above being retained, used and disclosed in accordance with BC Life's privacy policy. Note: A copy of the Privacy Policy is available by contacting Pacific Blue Cross/BC Life. It is also available on our Web site at [www.pac.bluecross.ca](http://www.pac.bluecross.ca) or from your employer.

Signature

Date Signed (Month, Day, Year)