Retiree Plans
Johnston group

TRICOR

JG21-JG

BENEFICIARY CHANGE REQUEST

Please indicate your Firm & Certificate #

Firm #	Certificate #

Covered Individual's Name _____

Beneficiary Designation | Please print clearly in INK (crossed out or revised information must be initialled by the covered individual)

I understand that the beneficiary designation below applies to this Retiree Plans Life Benefit only and not to any other group benefits I may have. I may change my beneficiary designation at any time without the beneficiary's consent, unless I live in Québec. The Estate will be designated as the beneficiary if no valid beneficiary designation is received.

Last Name	First Name	Middle Initial	% of Benefit	Relationship to Covered Individual

Divided: ❑ As per percentages above (must total 100%) ❑ In equal shares to survivor(s)

When Quebec law applies, a spouse beneficiary is irrevocable (an irrevocable beneficiary must consent to any change) unless you make the designation revocable by checking here: ❑ **Revocable**, I may change this designation at any time

Trustee/Administrator Designation

If the beneficiary is under the age of majority, I appoint the trustee/administrator named below to receive any amount payable to a minor beneficiary under this policy. The trustee/administrator shall discharge the Insurer for the amount paid. I authorize the trustee/administrator to spend all or part of the amount, or interest earned on it, for the support or education of the minor.

Full Name _____ **Relationship to Covered Individual** _____

If you are designating a trustee/administrator, you should consult with a legal advisor and any proposed trustee/administrator.

For Quebec Only: Where this appointment is governed by Quebec law, "trustee" shall be read as "administrator", and all terms interpreted accordingly. The appointment will be interpreted in accordance with provisions governing the administration of property of others, under Quebec Civil Code.

Declaration and Authorization for the Collection and Communication of Personal Information

All the information I have provided on the form is accurate and complete, to the best of my knowledge.

I authorize The Co-operators and Johnston Group to collect, use, maintain and disclose personal information relevant to this application for the purposes of benefit plan administration, assessment, investigation, claim management, underwriting and for determining plan eligibility. The non-exhaustive list of sources from which information can be collected includes medical and health professionals, facilities or providers, insurance companies, or other organizations/persons. This authorization is also valid for the collection, use and communication of personal information concerning my dependents, insofar as applicable to the administration of benefits under this plan.

I acknowledge that more specific information about collection and use of my personal information can be found in the Privacy and Terms of Use section of www.johnstongroup.ca.

A photocopy or electronic version of this form is **not valid** for recording beneficiary designations.

Covered Individual's Signature _____ Date _____

NATIONAL SERVICE CENTRE
1051 King Edward Street, Winnipeg, MB R3H 0R4 • 1-800-893-7587

Underwritten by The Co-operators.

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