Allendale Centre East
Suite 301, 6104-104 Street NW
Edmonton | Alberta | T6H 2K7
Phone: 1-877-431-4786
www.asebp.ca

Life Insurance

APPOINTMENT OF BENEFICIARY(IES)

HARD COPY ORIGINAL OF COMPLETED FORM TO BE MAINTAINED BY EMPLOYER OR ASEBP

INSTRUCTIONS:

1. Complete each section of this form unless otherwise indicated.
2. **Return the original completed form to your employer unless you are an Early Retiree, Part-Time Employee or Substitute Teacher or Casual Staff.** If you are an Early Retiree or currently participating under ASEBP's Part-Time or Substitute/Casual Staff Benefits, return the completed original form directly to ASEBP.
3. **If you wish to appoint the same beneficiary(ies) for Accidental Death & Dismemberment Insurance as Life Insurance, please check the appropriate box in Section B. If you wish to appoint different beneficiary(ies) for your Accidental Death & Dismemberment Insurance, please complete the *Appointment of Beneficiary(ies) – Accidental Death & Dismemberment Insurance* form.**
4. **Hard copy original of the completed form should be kept by your employer or ASEBP, depending on where it is returned, regardless of file retention policies.**
5. If you have any questions regarding the collection, use and disclosure of your personal information, please refer to our website at www.asebp.ca or contact our Privacy Officer at 780-438-5300 or by email at po@asebp.ca.

A. Applicant information

Employer's name (if applicable): _____

Last name: _____ First name: _____ ASEBP ID #: _____

Mailing address: _____ Gender: ☐ Female ☐ Male

City: _____ Province: _____ Postal code: _____

Home phone #: _____ Daytime phone #: _____ Birth date: _____ / _____ / _____
YYYY MM DD

Email address (optional): _____

B. Beneficiary for Life Insurance

☐ **Check here if you wish to appoint the same beneficiary(ies) as noted below for Accidental Death & Dismemberment Insurance. If you wish to appoint an alternate beneficiary for your Accidental Death & Dismemberment Insurance, please complete the *Appointment of Beneficiary(ies) – Accidental Death & Dismemberment Insurance* form.**

I appoint the following beneficiary(ies) for my Life Insurance. This appointment supersedes any previous appointments I may have made for these monies and I reserve the right to change the beneficiary(ies) named below. If any of the beneficiaries predecease me, I understand their portion will be divided equally among any surviving beneficiaries.

****If you are designating beneficiary(ies) under the age of majority, please proceed to Section D.***

Select one ☐ To the person(s) listed below ☐ To my estate

Last Name	First Name	Relationship	Birthdate (YYYY/MM/DD)	Complete Mailing Address (Apt., Street, P.O. Box, City, Prov, Postal Code)	Phone number (including area code)	% payable to each
					TOTAL	100%

C. (Optional) Contingent Beneficiary* for Life Insurance

*Your specified beneficiary(ies) who will receive the proceeds of your policy if your primary beneficiary(ies), as indicated in Section B, has died at the time benefits are to be paid.

If any of the beneficiaries listed in Section B are deceased at the time of your death, the amount payable to him/her shall be paid as follows.

Select one ☐ To the person(s) listed below who survive me

☐ To my estate

Last Name	First Name	Relationship	Birthdate (YYYY/MM/DD)	Complete Mailing Address (Apt., Street, P.O. Box, City, Prov, Postal Code)	Phone number (including area code)	% payable to each
					TOTAL	100%

D. Appointment of Trustee *(Complete only if one or more beneficiaries are minors.)*

I appoint _____ of _____
(Name) (Suite/Apt/Unit no., Street, P.O. Box, City, Prov, Postal Code)

reached at _____ as Trustee and authorize ASEBP to pay any amount payable to any beneficiary under 18 years of age to the Trustee. I authorize the trustee to have access to the insurance proceeds and manage the funds as directed in my last will and testament and to pay any remaining balance to the beneficiary once he/she reaches the age of majority.
(Phone number)

E. Consent and Authorization

I understand that the ASEBP must collect, use, and disclose the personal information contained herein in order to administer the Life and, if selected, Accidental Death and Dismemberment Insurance policies. It may be necessary for ASEBP to disclose some or all of the personal information contained herein to your employer or the third party service provider for these purposes. Where third party service providers are retained, appropriate contracts are in place to protect personal information.

I understand why the information is required and am aware of the risks and benefits of providing this information. I consent to the collection, use, and disclosure of my personal information for the purposes identified above. I understand that I may revoke my consent at any time and acknowledge that doing so will affect my eligibility to receive Life and, if selected, Accidental Death and Dismemberment Insurance benefits.

I understand that by virtue of the provisions of the *Personal Information Protection Act* of Alberta, individuals who derive a benefit from an insurance policy or benefit plan (the beneficiaries named herein) are deemed to consent to the collection, use, and disclosure of their personal information for the purpose of coverage under those plans.

Your employer and/or ASEBP is required to keep a hard copy original version of your completed beneficiary form. By signing below you agree to the storage of this document and the information, including your signature, which it contains.

F. Acknowledgement

I agree to the above and declare that my statements are complete, accurate and true.

Signature: _____ Date: _____

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3. **If you wish to appoint the same beneficiary(ies) for Accidental Death & Dismemberment Insurance as Life Insurance, please ONLY complete the *Appointment of Beneficiary(ies) – Life Insurance* form. If you wish to appoint different beneficiary(ies) for your Accidental Death & Dismemberment Insurance, please fill this form out.**
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Home phone #: _____ Daytime phone #: _____ Birth date: _____ / _____ / _____
YYYY MM DD

Email address (optional): _____

B. Beneficiary for Accidental Death & Dismemberment Insurance

I appoint the following beneficiary(ies) for my Accidental Death & Dismemberment Insurance. This appointment supersedes any previous appointments I may have made for these monies and I reserve the right to change the beneficiary(ies) named below. If any of the beneficiaries predecease me, I understand their portion will be divided equally among any surviving beneficiaries.

**If you are designating beneficiary(ies) under the age of majority, please proceed to Section D.*

Select one ☐ To the person(s) listed below ☐ To my estate

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If any of the beneficiaries listed in Section B are deceased at the time of your death, the amount payable to him/her shall be paid as follows.

Select one ☐ To the persons listed below who survive me

☐ To my estate

Last Name	First Name	Relationship	Birthdate (YYYY/MM/DD)	Complete Mailing Address (Apt., Street, P.O. Box, City, Prov, Postal Code)	Phone number (including area code)	% payable to each
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I agree to the above and declare that my statements are complete, accurate and true.

Signature: _____ Date: _____