POLICY #83974

GROUP LIFE INSURANCE BENEFICIARY UPDATE FORM

The Teachers' Life Insurance (Government Contributory) Act

	rname, Given)		Pre	vious Name(s) (if app	plicable)
l Insu	rance Number	Date of Birth	Teaching	; Cert. #	Sex: M
fits pa is forn essiona the m	yable under the T 1, however, if you	nate <u>either</u> a single beneficiary Teachers' Life Insurance Plan i wish to make a designation wh e that your designation is prope to your estate.	n the event of your dea nich this form does not	th. You are not limi accommodate, you s	ted to the choices hould obtain
design		as my beneficiary: ne of Beneficiary	Relationship	Percentage of Payment	Age if Under 19
				100%	Chuci 19
- -					
TIPL	distributed to the	eneficiary predeceases me, the premaining Alternate Beneficia IES ersons as my Named Beneficiar	ries, or to my estate if 1	no Alternate Benefic	iaries survive me.
E	Beneficiary Number	Name of Beneficiary	Relationshi	Percentag of Paymen	

	Name of Alternate Beneficiary		Relationship	Age if Under 19		
If an Alternate	Reneficiary dies before I	do, the proceeds that would have	ve been payable to that b	neneficiary shall h		
(choose 1 of the	following):	remaining Named Beneficiaries.	ve been payable to that k	chemiciary shan b		
[] distribut	ted in equal shares to the r	remaining Alternate Beneficiaries.				
		e and address of the deceased Alte	rnate Beneficiary.			
[] paid to r	my estate.					
		date of my death, the proceeds p efit of that beneficiary and held				
najority:				••••• •••• ••• ••• ••• ••• ••• ••• •••		
Name of 7	Trustee	Address				
he designations in this fo	rm revoke and replace a	my designations that I have prev	viously made under this	insurance plan.		
J	-			_		
ignature of Teacher		Signature of Witness (other than beneficiary)				
ddress of Teacher		Province of Residence		Postal Cod		
		_on		Postal Cod		
			/year	Postal Cod		
Pated in		_on	/year	Postal Cod		
oated in	SCHOOL BOARD	_on	<u> </u>	Postal Cod		
O BE COMPLETED BY Tame and No. of School Bo	SCHOOL BOARD pard	_on Day/month		Postal Cod		
Oated in O BE COMPLETED BY Itame and No. of School Bo Oate of Employment	SCHOOL BOARD oard	_on Day/month		Postal Cod		
TO BE COMPLETED BY Tame and No. of School Bo Date of Employment	SCHOOL BOARD oard ficial	_on Day/month		Postal Cod		
TO BE COMPLETED BY Jame and No. of School Bo Date of Employment ignature of Authorized Off	Ficial	_on Day/month		Postal Coo		
TO BE COMPLETED BY Iame and No. of School Bo Pate of Employment ignature of Authorized Off TO BE COMPLETED BY Pate of Termination	oardficial	_onDay/month		Postal Coo		
TO BE COMPLETED BY Jame and No. of School Bo Date of Employment ignature of Authorized Off TO BE COMPLETED BY Date of Termination amount of Life Insurance in	r SCHOOL BOARD oard ficial r COMMISSION a Effect	_on		Postal Coo		
Date of Employment ignature of Authorized Off TO BE COMPLETED BY Date of Termination	oard	_on		Postal Cod		

SUPERANNUATION COMMISSION. ORIGINAL WILL BE RETAINED ON FILE TO SUPPLY TO THE CARRIER IN THE EVENT OF A CLAIM.

Inquiries about the Teachers' Group Life Insurance Plan may be directed to the Plan Administrator at 787-9195 or 1-877-364-8202.