

Manitoba Public School Employees Group Life Insurance Plan Change of Beneficiary Form and/or Appointment of Trustee

Last name

Given name(s)

I, the above named employee, hereby revoke any previous beneficiary appointment I have made under this plan and appoint the beneficiary (beneficiaries) shown below. I understand that where I nominate a beneficiary, benefits will only be payable where I have previously elected coverage and proof of those elections is held on file with the Secretary Treasurer of my school division.

1. For Group Life Insurance

Primary Beneficiary(ies)

Name of revocable beneficiary	Relationship to employee	Percent allocated
_____ Name of revocable beneficiary	_____ Relationship to employee	_____ Percent allocated
_____ Name of revocable beneficiary	_____ Relationship to employee	_____ Percent allocated
_____ Name of revocable beneficiary	_____ Relationship to employee	_____ Percent allocated

Contingent Beneficiary(ies)

_____ Name of revocable beneficiary	_____ Relationship to employee	_____ Percent allocated
_____ Name of revocable beneficiary	_____ Relationship to employee	_____ Percent allocated
_____ Name of revocable beneficiary	_____ Relationship to employee	_____ Percent allocated

2. For Accident Insurance (if different from Group Life Insurance)

_____ Name of revocable beneficiary	_____ Relationship to employee	_____ Percent allocated
_____ Name of revocable beneficiary	_____ Relationship to employee	_____ Percent allocated
_____ Name of revocable beneficiary	_____ Relationship to employee	_____ Percent allocated

Note: Unless the law requires otherwise, the entitlement of any beneficiary who predeceases me will revert to my surviving primary beneficiary(ies) in equal shares, or if there is no surviving primary beneficiary(ies), to my contingent beneficiary(ies). If there is no appointed or surviving contingent beneficiary(ies), the entitlement will revert to my Estate.

Signed _____

Date _____

Trustee Appointment

If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee by completing this section. If you are designating a trustee, we recommend you consult with a legal advisor, and with any proposed trustee.

I hereby appoint the following trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group benefits plan where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. The trustee shall act prudently and may use the money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary. The trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time, the trustee shall deliver to the beneficiary all assets held in trust.

Trustee last name First name

Relationship to employee

Signed _____

Date _____