

Group Benefits - Beneficiary Form



Please return this completed form to:

The Wawanesa Life Insurance Company
Group Operations
P.O. Box 1640, Windsor, Ontario N9A 0C8
For Inquiries, please call 1-800-665-7076

All sections of this form must be completed as any designations in this form will replace all prior designations.

Identification

Policy Number: _____ Plan Sponsor: _____

Plan Member ID #: WLI _____

Plan Member Last Name: _____ Plan Member First Name: _____

General Information

1. Please note that designating a beneficiary is one of the most important decisions you will make regarding this Group Insurance Plan. The designation that you make should clearly reflect your intentions of who will receive the death benefit proceeds.
2. If you are designating a beneficiary who is a minor, insurance proceeds cannot be paid directly to them. In order to avoid difficulties with settlement of a claim, a trustee should be named for all minor children.
3. When percentages have been allocated to each beneficiary, only these amounts can be paid to each beneficiary. Should one of the primary beneficiaries die before you, their portion will be made payable to your estate.

I revoke the appointment of any existing beneficiary(ies) and designate the following person(s) to receive any death claim proceeds under the Wawanesa Life Group Insurance Plan listed above. I reserve the right, without the consent of the below identified beneficiary(ies), to further change the beneficiary(ies), subject to any statutory restrictions.

Primary Beneficiary's Name(s)			Date of Birth (mm/dd/yyyy)	Percentage Allocated (%)	Relationship of Beneficiary to Applicant
Last Name	First Name	Initial			

Irrevocable Beneficiaries

In Quebec - designating a spouse (married or civil union) is irrevocable unless you check here: ☐ Revocable

An irrevocable beneficiary can only be changed in accordance with applicable laws and with the written consent of the beneficiary. All future transactions affecting the policy will require both your signature and that of the irrevocable beneficiary.

Irrevocable Beneficiaries - Release and Consent of the Irrevocable Beneficiary (if any)

Prior to making a beneficiary change, the present beneficiary's signature is required if the present beneficiary was designated irrevocably (that is, the policyowner cannot change an irrevocable beneficiary without that beneficiary's consent).

I, the present irrevocable beneficiary, release all my right, claim and interest in the said contract

Name of Irrevocable Beneficiary (please print)

Signature of Irrevocable Beneficiary

Contingent Beneficiaries

In the event that all primary beneficiaries die before you, death claim proceeds will be paid to the contingent beneficiary. If you name more than one contingent beneficiary, the death claim proceeds will be evenly split amongst the contingent beneficiaries. If no contingent beneficiary has been named, the beneficiary becomes the estate of the insured.

I designate the following contingent beneficiary(ies):

*Contingent Beneficiary's Name(s)			Date of Birth (mm/dd/yyyy)	Percentage Allocated (%)	Relationship of Beneficiary to Applicant
Last Name	First Name	Initial			

Trustee Information

Complete this section if any beneficiary named above is under the age of majority.

Trustee Designation. I hereby appoint:

First and Last Name

Relationship to the Plan Member

as Trustee to receive any benefits on behalf of any beneficiary(ies) listed above during their age of minority.

Authorization & Acknowledgement

I understand that this Beneficiary Form will not take effect unless this form is received and validated by The Wawanesa Life Insurance Company. After such receipt and validation, the instructions in this form will take effect on the date of such validation.

Date (mm/dd/yyyy)

Signature of Plan Member

Witness Name (please print)

Signature of Witness

Consent & Disclosure Regarding Personal Information

On behalf of the individuals identified in this form and myself, I consent to Wawanesa Life collecting, using and disclosing the personal information within this form for the purposes of: establishing and maintaining communications with me; underwriting risks on a prudent basis; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet my needs; compiling statistics and acting as required or authorized by law.

I understand that Wawanesa Life may share my personal information and the personal information of beneficiaries named within this form, with the following people, organizations and service providers: Wawanesa Life employees and agents who require this information to perform their jobs; claims investigators, investigative agencies, providers of information processing and storage, programming, printing, mailing and distribution services; applicable reinsurance companies; people to whom I have granted access; and people who are legally authorized to view the personal information in this form. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. The personal information in this form may be shared as required by the laws of those jurisdictions.

If you have questions concerning the collection, use, disclosure or storage of personal information or a concern regarding our privacy policies or procedures, please review the privacy policy found here <https://www.wawanesalife.com/pip/privacy.html> or contact the Privacy Officer, privacy@wawanesa.com, 1-844-241-0226 or by mail: The Wawanesa Life Insurance Company, 236 Carlton St, Winnipeg, MB, R3C 1P5.

For Wawanesa Life Executive Office Use Only

Recorded by The Wawanesa Life Insurance Company this: _____ day of _____.

Validated by: _____