



Group Operation
 P.O. BOX 1640, Windsor, ON N9A 0C8
 1-800-665-7076

Group Benefits
Change of Beneficiary

IDENTIFICATION

Policy #: G Plan Sponsor Name: _____ Claimant ID#: WLI
 Plan Member Name: _____
 Last Name First Name

GENERAL INFORMATION

- 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.
- If you are designating a beneficiary who is a minor, insurance proceeds cannot be paid directly to him/her. In order to avoid difficulties with settlement of a claim, a trustee should be named for all minor children.
- When percentages have been allocated to each beneficiary, only these amounts can be paid to each beneficiary. Should one of the beneficiaries die before you, his/her portion will be made payable to your estate.

CHANGE OF BENEFICIARY

Change of Beneficiary for: Employee Life Insurance (Choose One) and / or Optional Life Insurance
 I revoke the appointment of any existing beneficiary(ies) and designate the following person(s) to receive the money payable under the Wawanesa Life Group Insurance Plan listed above.
 I reserve the right, without the consent of the beneficiary(ies), to further change the beneficiary subject to any statutory restrictions.

Primary Beneficiary's Name(s)	% Allocated	Relationship of Beneficiary to Applicant
Last Name _____ First Name _____ Initial _____	_____	_____
Last Name _____ First Name _____ Initial _____	_____	_____
Last Name _____ First Name _____ Initial _____	_____	_____
Last Name _____ First Name _____ Initial _____	_____	_____
Last Name _____ First Name _____ Initial _____	_____	_____

If no beneficiary survives the Life Insured, I designate the following person(s):

*Contingent Beneficiary's Name(s)	% Allocated	Relationship of Beneficiary to Applicant
Last Name _____ First Name _____ Initial _____	_____	_____
Last Name _____ First Name _____ Initial _____	_____	_____
Last Name _____ First Name _____ Initial _____	_____	_____

TRUSTEE DESIGNATION

Trustee Designation: I hereby appoint _____
 Name Relationship
 as Trustee to receive any payments on behalf of the beneficiaries listed above during their age of minority.

***Release and Consent of the Present Preferred or Irrevocable Beneficiary (if any)**

The present Beneficiary's signature is only required if designated irrevocably.
 I, the present Beneficiary, release my right, claim or interest in the said contract and assign and transfer my interests to the Beneficiary(ies) named above.

 Signature of Witness Signature of Beneficiary

AUTHORIZATION & ACKNOWLEDGEMENT

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

Date	Signature of Plan Member
Witness Name (Please Print)	Signature of Witness

CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

I consent to Wawanesa Life collecting, using and disclosing my personal information 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 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 my personal information. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.

I acknowledge that I only enroll, at this time or any future time, dependents who have authorized me to provide their information and consent to the collection, use and disclosure of that information for the purposes listed above.

I understand that any restriction or withdrawal of my consent may result in Wawanesa Life being unable to process the claim being applied for.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy and practices concerning service providers outside Canada from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at www.wawanesalife.com.

If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies or procedures, please contact the individual accountable for our personal information protection compliance: Privacy Officer, The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8.

FOR WAWANESA LIFE EXECUTIVE OFFICE USE ONLY

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

Validated by: _____.

***Note**

Contingent Beneficiaries

In the event that the primary beneficiary dies before the life insured, death claim proceeds will be paid to the contingent beneficiary. If no contingent beneficiary has been named, the beneficiary becomes the estate of the life insured, except in the case of third party ownership, in which case the policyowner becomes the beneficiary.

Irrevocable Beneficiaries

Prior to making a beneficiary change, the present beneficiary's signature is required in the following instance:
 If the present beneficiary was designed irrevocably (that is, the policyowner cannot make beneficiary changes without the present beneficiary's consent)

To name an irrevocable beneficiary, the term "irrevocable" must be included in the form under the "Relationship of Beneficiary to Applicant" section. All future transactions affecting the policy will require both your signature and that of the irrevocable beneficiary. To ensure that future requests are correctly authorized, we suggest that the irrevocable beneficiary also sign the form at this time.