

SECTION 1 - TO BE COMPLETED BY THE PLAN MEMBER

LIMESTONE DISTRICT SCHOOL BOARD	GL35 433 / 35434	
Plan sponsor – Name	Policy #/Division/Class OR Control #	ID or SIN
Plan member – Last name	First name and initial	Date of birth (yy/mm/dd)

Beneficiary Designation

If you are not a resident of Quebec, then any beneficiary designation you make below will be revocable if you do not specify it as irrevocable. If you specify the designation as irrevocable, then the beneficiary's consent will be required to change the designation. If you are a resident of Quebec, the same rules will apply, except that where your spouse is designated as the beneficiary, such designation is automatically irrevocable, unless you specify otherwise. The designation below will apply to all benefits for which the designation is provided under the above numbered group contract.

Primary beneficiary - Name	Date of birth (yy/mm/dd)	Relationship	% of benefit	revocable or irrevocable (please hand write)

You may also wish to designate a "Contingent Beneficiary(ies)" to receive any proceeds under this group policy if all of the Primary Beneficiary(ies), named above, should die before you. In that event, a Contingent Beneficiary will automatically be entitled to the benefit that would have been payable to the Primary Beneficiary(ies). If you name more than one Contingent Beneficiary, then the proceeds will be split, evenly, amongst the Contingent Beneficiary(ies) you choose to name. Should there not be any surviving beneficiaries at the time of your death, proceeds will be paid to your estate.

Contingent beneficiary – Name	Date of birth (yy/mm/dd)	Relationship

If any named beneficiary(ies) is/are a minor (under the age of majority) you may want to name a trustee to receive the proceeds in trust for the minor(s) until he/she attains the age of majority. The age of majority varies from province to province.

Appointed Trustee – Name (if applicable)	Date of birth (yy/mm/dd)	Relationship

SECTION 2 - DECLARATION & AUTHORIZATION

I acknowledge that more detailed information concerning how and why Manulife Financial collects, uses and discloses my personal information is available at www.manulife.ca/groupbenefits, or by requesting a copy from my plan sponsor.

I hereby make the above noted beneficiary designation. As such, I hereby revoke any previous versions of beneficiary information in relation to this life benefit.

Signature of Plan Member (in full)	(yy/mm/dd)
Signature of Witness (in full)	(yy/mm/dd)