

## **BENEFICIARY DESIGNATION**

Please print clearly and complete this form, in INK. The plan administrator should keep a copy of the completed form for their records and send the **original** to The Great-West Life Assurance Company. For self-administered plans, GroupNet clients who maintain their own plan members' records and *Clien*It administered plans: the plan administrator should attach this form to the plan member's application.

1.	1. General Enrollment Information	Plan number:					
		Plan member name:					
			last name		firs	st name	middle initial
		Division number:			Plan me	ember ID:	
2.	2. Beneficiary I hereby revoke all previous beneficiary designations and designate the following Designation				e following as be	eneficiary(ies).	
	This section is to be completed by the plan member.	Beneficiary:				Percent allocated:	Relationship to plan member:
	This section must be completed to designate a beneficiary for your life benefits, if applicable.	last name	first name	e	middle initial		
	The original of this form will be required for a life claim.	last name	first name		middle initial		
	Crossed out beneficiary designations must be initialed.	last name	first name		middle initial		
	Please print clearly, in INK.	To be divided as follows: As per the percentage indicated above, or In equal shares to the survivo You may change this beneficiary designation at any time upon notice to Great-West Life. If you wish to make beneficiary designation irrevocable (meaning you may not change the designation or make certain changes to y coverage under the plan without the written consent of the beneficiary) please complete form #M6348 BIL.					
			ec law applies and you ne designation will be irre				or civil union spouse as ked "Revocable", below.
			bove beneficiary desig ay change this beneficiar			,	
3.	You may wish to appoint a trustee/administrator by completing this section	If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing this form. This appointment may not be suitable for all purposes. If you are designating a trustee/administrator, we recommend you consult with a legal advisor, and with any proposed trustee/administrator. <b>Do not complete this section if you have made another trustee/administrator appointment.</b>					
	The original of this form will be required for a life claim. Please print clearly, in INK.	I hereby appoint the following trustee to receive and to hold in trust, on behalf of any beneficiary, payable to the beneficiary under this group benefits plan where, at the time payment is to be ma beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will The Great-West Life Assurance Company from further liability. The trustee shall act prudently and may money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary is of the age of majority and has legal capacity. At that the trustee shall deliver to the beneficiary all assets held in trust.				nent is to be made, the its extent, will release udently and may use the nance of the beneficiary.	
		terms and concepts	ent is governed by Quet	ec law This a	ppointment shall	e read as "admin be interpreted	in accordance with the

<b>4. Privacy</b> This section explains Great-West Life's commitment to privacy.	Protecting Your Personal Information At The Great-West Life Assurance Company (Great-West Life), we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. We collect, use and disclose the personal information to determine your eligibility, and to administer the plan, including investigating and accessing claims, and creating and maintaining records concerning our relationship.				
5. Authorizations and Declarations	Authorizations and Declarations    I authorize:    • Great-West Life, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life to exchange personal information, when necessary to determine my eligibility for coverage and to administer the plan.    I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original.    I certify that the information given is true, correct and complete to the best of my knowledge.    For Quebec applicants:  I request that this form be in English.				
This section must be signed and dated in INK by the plan member.	Je demande que ce formulaire me soit remis en anglais.    Plan member signature:				