

Declaration Appointing Trustee



Employer: _____ Group / Policy # : _____

Personal Information

Last Name _____ First Name _____ Certificate Number _____

Official Declaration

I, the undersigned, hereby appoint the following individual as Trustee over any benefits the under noted beneficiary(ies) may receive as a result of my death while they remain under the age of majority.

Name of Under Age Beneficiary:

Beneficiary's Last Name	First Name	Relationship (e.g. spouse, son)	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Trustee:

Trustee's Last Name	First Name	Relationship (e.g. spouse, son)
_____	_____	_____

Address: _____ Apt. # _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (_____) - _____ - _____

Employee Signature

Date Signed

Witness Signature

Witness Name (printed)
