

Declaration Appointing Beneficiary / Trustee



Employer: _____

Group/Policy #: _____

PERSONAL INFORMATION (PLEASE PRINT)

Last Name

Name

Certificate Number

OFFICIAL DECLARATION

I, the undersigned, hereby appoint the following individual(s) as revocable Beneficiary(ies). FOR QUEBEC RESIDENTS: The appointment of a spouse as Beneficiary is considered "IRREVOCABLE" unless the word "REVOCABLE" is actually written after the spouse's name.

NAME OF BENEFICIARY (PLEASE PRINT)

Beneficiary's Last Name

First Name

Relationship
(e.g. spouse, son)

Age

Percent %

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

NAME OF TRUSTEE:

Trustee's Last Name

First Name

Relationship
(e.g. spouse, son)

Address

Apt. #

City _____ Province _____ Postal Code: _____

Telephone Number: (_____) - _____ - _____

Employee Signature

Witness Signature

Date Signed

Witness Name
(printed)

For more information contact us at

thebenefitstrust.com | 1-800-487-2993 | info@thebenefitstrust.com