



Basic & Optional Group Life Insurance CHANGE OF BENEFICIARY FORM

University of Victoria, Pacific Blue Cross Policy 40703

Section 1: Insured employee information

Last name	First name	Middle initial	Insured V#
This change of beneficiary is for: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse			

Section 2: Beneficiary designation

Default plan is Basic Life; select Optional Life or Accidental Death & Dismemberment (AD&D) from the drop-down only if you have purchased this additional coverage.

	Full legal name (elect one or more persons)	Plan	Relationship to plan member	Percentage allocated*
1				%
2				%
3				%
4				%
5				%
6				%
7				%

I hereby revoke all previous beneficiary designations and/or directions of payment previously made and designate the above person(s) to receive any amount due under the group policy upon my death.

Section 3: Contingent beneficiary designation (optional)

Full legal name	Relationship to plan member
I hereby designate the above as my contingent beneficiary in the event my primary beneficiary predeceases me.	

Section 4: Trustee designation

Only complete if a beneficiary is under age 18

Full legal name	Relationship to plan member
I hereby appoint the above as revocable Trustee to receive from the insurer any amount which may be due to my beneficiary, while such beneficiary is a minor.	

Section 5: Authorization

I hereby revoke all previous beneficiary appointments and dispositions and designate the above named if living, otherwise my executors or administrators, to receive any amount due on my death while insured under this group policy. I reserve the right to change any beneficiary named above.

I consent to the personal information provided above being retained, used and disclosed in accordance with Pacific Blue Cross's (PBC) privacy policy. A copy of their Privacy Policy is available by contacting PBC at www.pac.bluecross.ca.

Employee signature	Date signed (dd-mmm-yyyy)
--------------------	---------------------------

Please return this signed form to benefits@uvic.ca.