



**CHANGE OF BENEFICIARY**

The change of beneficiary is for:  Employee  Spouse

<b>Name of Company/Organization</b> UNIVERSITY OF VICTORIA		
<b>Group Number</b> 040703	<b>Employee ID Number</b> V00	
<b>First name of insured</b>	<b>Middle initial</b>	<b>Surname</b>

*(Please confirm your participation in these insurance plans prior to completing the form – check My Page>Employee services>Leaves & Benefits>Benefit Statement)*

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

Full Legal Name	Relationship	Plan(s)	Share of Proceeds
		Basic Life	%
		Optional Life	%
		AD&D	%
		Optional Life for Spouse	%

**Contingent Beneficiary Designation (Optional)** - I hereby designate as my contingent beneficiary in the event my primary beneficiary predeceases me:

Full Legal Name	Relationship

**Trustee Designation (Complete only if a Beneficiary is under age 18)** - I hereby appoint as revocable Trustee to receive from BC Life any amount which may be due to my beneficiary, while such beneficiary is a minor:

Full Legal Name	Relationship

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 BC Life's privacy policy. A copy of their Privacy Policy is available by contacting Pacific Blue Cross/BC Life or online at [www.pac.bluecross.ca](http://www.pac.bluecross.ca).

Signature \_\_\_\_\_

Date Signed (Month, Day, Year) \_\_\_\_\_