



## Revocable Beneficiary Designation Form - Unionized Employees

### Personal information (Please print)

\_\_\_\_\_

Last name

\_\_\_\_\_

First name

\_\_\_\_\_

PIN

\_\_\_\_\_

Employee signature

\_\_\_\_\_

Signature date (mm-dd-yyyy)

**Important:** Keep a signed copy of this form for your records. In the event of death, call CN at 514-399-5019.  
If you do not sign and date this form, your beneficiary designation will be considered null and void.

**Basic life insurance contract # 155817 (If you are a unionized employee of former MKNR or a non-unionized/non-management employee of ANY or SAR, please complete the non-unionized employee beneficiary designation form.)**

I hereby revoke all previous beneficiary designations and designate the following as beneficiary/ies:

Beneficiary first and last name (please print)	Relationship	Percentage

**Note:** In the event of simultaneous death of the employee and the named beneficiary, the basic life insurance will be divided equally among the survivors. If you do not designate a beneficiary in the section above, then the payment of this benefit will default to your estate.

**Optional life insurance contract # 155818 (Complete this section only if you have purchased optional life insurance.)**

I hereby revoke all previous beneficiary designations and designate the following as beneficiary/ies:

Beneficiary first and last name (please print)	Relationship	Percentage

**Note:** In the event of simultaneous death of the employee and the named beneficiary, the optional life insurance will be divided equally among the survivors.

### Trustee clause for minor beneficiaries

I hereby nominate and appoint \_\_\_\_\_, my \_\_\_\_\_,  
First and last name Relationship to employee  
if living, to receive and disburse any benefits payable under the said group policy to my beneficiary/ies until he/she/they reach the age of majority. Any payment made to the said trustee shall discharge Great-West Life Assurance Company to the extent of such payment.

### Privacy – Protecting your personal information

At the Great-West Life Assurance Company (Great-West Life), we recognize the importance of privacy. Your beneficiary information is kept in a confidential file in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. 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. We use the personal information to determine your eligibility for coverage and to administer the group benefits plan.

### Where to send the form

**THE SIGNED ORIGINAL FORM IS REQUIRED BY LAW – PHOTOCOPY OR FAX IS NOT ACCEPTED.**

Return the signed form to:

Great-West Life  
Montreal Group Policy Administration  
2001 University Street, Suite 1400  
Montreal, Quebec  
H3A 1T9