

## Group Benefits – Application for Group Coverage/Designation of Beneficiary

- Enrolment and Initial Beneficiary Designation  
 Change of Beneficiary

All sections of this page should be completed as it will replace any prior designations.

Section 1 is to be completed by the plan administrator. The remaining sections are to be completed by the plan member. Please print clearly in dark ink using CAPITAL LETTERS.

**1 Plan sponsor statement** Plan sponsor name BCTF/BCSTA Group Life Plan Plan contract number 121260  
 Location/Class \_\_\_\_\_ Plan member certificate number \_\_\_\_\_  
*To be completed by plan administrator.* Hire date (dd/mmm/yyyy) \_\_\_\_\_ Plan \_\_\_\_\_  
**Note:** Hire Date only required if form is being used for Enrolment & Initial Beneficiary Designation.

**2 Plan member information** Plan member name (last, first and middle initial) \_\_\_\_\_  
 Province of residence \_\_\_\_\_ Date of birth (dd/mmm/yyyy) \_\_\_\_\_

| <b>3 Primary beneficiary</b>   | Name of beneficiary (last, first and middle initial) | Date of birth (dd/mmm/yyyy) | Relationship to plan member | Percentage |
|--|--|-----------------------------|-----------------------------|------------|
| List all primary beneficiaries for Basic Life.<br>Percentages must total 100%. | _____  | _____                       | _____                       | _____      |
|  | _____  | _____                       | _____                       | _____      |

**Irrevocability** **Note:** If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. **You are responsible for ensuring the validity of your designation.**

**For Quebec residents only**  
 In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified.  
 If spouse is beneficiary, the designation is:  
 **Revocable**     **Irrevocable**

**4 Contingent beneficiary** You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy if all of the primary beneficiary(ies), named above, should die before you. In that event, a contingent beneficiary will automatically be entitled to the benefit that would have been payable to the primary beneficiary(ies). If you name more than one contingent beneficiary, then the proceeds will be split, evenly, amongst the contingent beneficiaries you choose to name. Should there not be any surviving beneficiaries at the time of your death, the proceeds will be paid to your estate.

| Name of contingent beneficiary (last, first and middle initial) | Date of birth (dd/mmm/yyyy) | Relationship to plan member |
|---|-----------------------------|-----------------------------|
| _____   | _____                       | _____                       |
| _____   | _____                       | _____                       |

**5 Trustee appointment** Complete if any beneficiary named is under the age of majority.  
 I appoint \_\_\_\_\_ as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).

Continued on the next page.

**6 Declaration and authorization Enrolment**

**I hereby** apply for coverage ("Coverage") under the Group Benefits plan issued to my plan sponsor by Manulife. **I understand** that certain aspects of such Coverage may extend to my spouse and eligible dependants (collectively, "Dependants"). **I certify** that the information in this form is true and complete to the best of my knowledge. **I understand** that as the applicant, it is my responsibility to ensure that any further verbal or written statement provided by me, and/or my Dependants, in the future is true and complete to the best of our knowledge. **I acknowledge and agree** that this Coverage or any portion of this Coverage, and future claims thereunder may be denied or terminated as a result of the provision of false, incomplete, or misleading information.

**I authorize** Manulife to collect, use, maintain and disclose personal information relevant to this application ("Information") for the purposes of Group Benefits plan administration, audit, assessment, investigation, claim management, underwriting and for determining plan eligibility ("Purposes"). **I authorize** any person or organization with Information, including any medical and health professionals, facilities or providers, professional regulatory bodies, any employer, group plan administrator, insurer, investigative agency, and any administrators of other benefits programs to collect, use, maintain and exchange this information with each other and with Manulife, its reinsurers and/or its service providers, for the Purposes.

**I am authorized** by my Dependants to consent to this Authorization, on their behalf as if they were signing it themselves, and to disclose and receive their Information, for the Purposes. **I authorize** my plan sponsor to make deductions from my pay for my Group Benefits plan, if applicable. **I authorize** the use of my Social Insurance Number ("SIN") for the purposes of identification and administration, if my SIN is used as my plan member certificate number.

**I agree** a photocopy or electronic version of this authorization is valid.

**I understand** that any Information provided to or collected by Manulife in accordance with this authorization, will be kept in a Group Benefits life, health or disability file. Access to my Information will be limited to:

- Manulife employees, representatives, reinsurers, and service providers in the performance of their jobs;
- persons to whom I have granted access; and
- persons authorized by law.

I have the right to request access to the personal information in my file, and, where appropriate, to have any inaccurate information corrected.

**I acknowledge** that more specific details regarding how and why Manulife collects, uses, maintains, and discloses my personal information can be found in Manulife's Privacy Policy and Privacy Information Package, available at [www.manulife.ca/planmember](http://www.manulife.ca/planmember), or from my Plan Sponsor.

**Beneficiary Designation**

I hereby revoke any previous beneficiary designations in relation to my foregoing coverage(s) and designate the person(s) named above.

**I authorize** Manulife to collect, use, maintain and disclose personal information relevant to this designation ("Information") for the purposes of Group Benefits plan administration, audit, assessment, investigation, and claim management ("Purposes"). **I authorize** any person or organization with Information, including any group plan administrator, insurer, investigative agency, and any administrators of other benefits programs to collect, use, maintain and exchange this information with each other and with Manulife, its reinsurers and/or its service providers, for the Purposes.

**I acknowledge** that more detailed information concerning how and why Manulife collects, uses and discloses my personal information is available at [www.manulife.ca/planmember](http://www.manulife.ca/planmember), or by requesting a copy from my plan sponsor.

**I agree** a photocopy or electronic version of this authorization is valid.

Plan member signature \_\_\_\_\_ Date signed (dd/mmm/yyyy) \_\_\_\_\_

**Due to the legal significance of a beneficiary appointment this designation must be signed and dated to be valid.**

**A copy, fax, scan or image of the beneficiary designation in this form is as valid as the original.**

**Continued on the next page.**

Manulife assumes no responsibility for the validity or sufficiency of the content provided by you. The items 'you' and 'yours' refer to the plan member; the term "Plan Sponsor" refers to the entity that offers the group benefits plan, such as an employer.

### What is the purpose of a beneficiary?

If you intend for some or all of your death benefit to go to specific individuals, it is important to make sure that you plan ahead and select those beneficiaries. Having an up-to-date beneficiary designation will make this possible by listing your primary and contingent beneficiaries and intended allocations.

*Beneficiary: the person, people or entity who will receive any death benefit from the basic or optional coverage you have selected through your group benefits plan that becomes payable upon your death. Basic and optional beneficiaries may differ.*

### Types of beneficiary – Primary vs. Contingent

*Primary: the person, people or entity you choose to receive the death benefits. If you choose more than one beneficiary, you will need to indicate what percentage of the benefit you would like each person to receive. When multiple primary beneficiaries are named, the total of the percentages allocated to each primary beneficiary must add up to 100%.*

*Contingent: the person, people or entity you designate to receive the death benefits if all of the primary beneficiaries die before you. If you select more than one contingent beneficiary, the benefit will be split evenly between the contingent beneficiaries.*

### What happens to the death benefit when. . .

|   |   |
|---|---|
| <i>The primary beneficiary dies before you and no contingent beneficiary is named.</i>  | The death benefit will be paid to your estate.  |
| <i>The primary beneficiary dies before you, but there is a contingent beneficiary(ies) designated.</i>  | The benefit will be paid to the contingent beneficiary(ies).  |
| <i>You assign two primary beneficiaries, and one beneficiary dies before you, and you have not updated your beneficiary form information.</i> | The entire death benefit that would have been paid to the deceased beneficiary will be paid to the surviving primary beneficiary. |

### Irrevocable vs. Revocable

*Irrevocable: the beneficiary you choose cannot be changed without the written permission of that individual. For example, if you choose your spouse or partner to be the designated beneficiary and you end up separating, you will not be able to change the beneficiary designation without a completed release form from them.*

**In Quebec, naming your spouse (must be a civil union) as a beneficiary automatically means that he/she is an irrevocable beneficiary, unless you specify otherwise or divorce.**

*Revocable: a revocable beneficiary means that the beneficiary you choose can be changed at any time without the permission of that individual. For example, if you choose your spouse or partner to be the designated beneficiary and you end up separating, you can then change that beneficiary designation without asking for that person's permission.*

### Naming a minor as a beneficiary

If a benefit becomes payable to a minor who is named as a primary or contingent beneficiary, the benefit can only be paid on behalf of the minor to a trustee or guardian for property, otherwise it will be paid into court to be held until the beneficiary has reached the age of majority for your specific province. It is important therefore, if you are choosing a beneficiary who is a minor at the time of the designation to also name a trustee.

If you are a Quebec resident, the parents are considered tutors of their child.

If a minor has been designated as an irrevocable beneficiary, the policy is automatically frozen until the beneficiary has reached the age of majority for your specific province. A parent, guardian or trustee cannot consent to a beneficiary change on behalf of a minor.

*Minor: a person named as a beneficiary who is under the age of majority for your specific province.*

*Trustee: a person appointed by you to hold the minor's proceeds in trust until the minor reaches the age of majority for your specific province.*

*Tutor: a tutor acts like a trustee.*