



Designation / Change of Beneficiary for Life Insurance

Personnel number	Last name of insured (employee/retiree)	First name of insured (employee/retiree)
Name of policy holder City of Toronto	Insurance carrier	Group policy number

Designation of Beneficiary *(Please complete the Trustee Appointment section at the bottom for beneficiary under 18.)*

- Initial appointment
- Change of beneficiary - I revoke all previous designations of beneficiary to receive any amount due under the above described policy on my death

Note: The proceeds of your policy will be payable to your Estate if a beneficiary is not appointed.

I designate the following person(s) to receive any amount due under the above described policy on my death:

Last Name	First name	Relationship	%	Date of Birth if under 18
1.				
2.				
3.				

If any of the above beneficiaries predecease me, such beneficiary's share shall:

- revert to my estate be divided equally among my surviving beneficiaries

Address of Beneficiaries

I reserve the right to change the beneficiaries appointed above, subject to any statutory restrictions.

Signature of Insured: _____ Date: _____

Trustee Appointment

I revoke any previous trustee appointment and hereby appoint _____ as Trustee to receive any amount due to any beneficiary under 18 years of age and declare the receipt of such Trustee shall be a good discharge to the Insurance carrier for the amount so paid. And I do hereby authorize such a Trustee, at his/her discretion, to expend all or any portion of such amount and/or the income therefrom for the maintenance or education of such beneficiary.

Signed at _____ this _____ day of _____

Signature of Witness _____ Signature of Insured _____

The personal information on this form is collected under the authority of the *City of Toronto Act, 1997*; and Schedule A, of Chapter 71, and Article X, Schedule No. 2, of Chapter 227, of the Municipal Code. The information is used to enrol for life insurance coverage and/or change beneficiary. Questions about this collection can be directed to Supervisor, Benefits & Employee Services, telephone no. 416-392-8098, Metro Hall, 55 John Street, 13th floor, Toronto, ON, M5V 3C6.

Mail completed form to: Pension, Payroll & Employee Benefits Division, Benefits & Employee Services Section, Metro Hall, 13th floor