

STERLING

C A P I T A L B R O K E R S

IN PARTNERSHIP WITH



BENEFICIARY DESIGNATION

This form is required for Life Insurance purposes.

Please complete, sign, scan and email a copy of this form
to: scb-beneficiary@sterlingcapitalbrokers.com

*Please ensure to include the policy number and certificate
ID on the subject line.*

Please ensure this form is emailed as soon as you have
completed it and submit a copy to your HR representative.

For questions, please contact support@sterlingcapitalbrokers.com.

Note: Acceptable digital signatures: DocuSign

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | Fax: 604 419-2990 | enrollment@pac.bluecross.ca

i MEMBER — Please complete BLACK portions of this application.
EMPLOYERS/PLAN ADMINISTRATORS — Please complete RED portion of this application.

☐ Add a New Beneficiary
☐ Change Existing Beneficiary

PART 1 — EMPLOYER/PLAN ADMINISTRATOR

Name of company/organization

Policy number	Division	Sub-division	Class	ID number
Member's first name		Member's last name		Middle initial

For residents of the Province of Quebec the designation of spouse is irrevocable unless otherwise specified.

PART 2 — MEMBER BENEFICIARY DESIGNATION

Beneficiary for Member Basic Life and Accidental Death Benefits (as applicable)

Effective date (mm-dd-yyyy)	<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable	I designate the following person(s) to receive any amount due under the group policy upon my death.		
Full legal name	Birthdate (mm-dd-yyyy)	Relationship to you	Share of proceeds %	
Full legal name	Birthdate (mm-dd-yyyy)	Relationship to you	Share of proceeds %	

Beneficiary for Member Optional Life and Accidental Death Benefits (as applicable)

Effective date (mm-dd-yyyy)	<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable	I designate the following person(s) to receive any amount due under the group policy upon my death.		
Full legal name	Birthdate (mm-dd-yyyy)	Relationship to you	Share of proceeds %	
Full legal name	Birthdate (mm-dd-yyyy)	Relationship to you	Share of proceeds %	

PART 3 — SPOUSE BENEFICIARY DESIGNATION (complete this section if you have spouse optional coverage)

Beneficiary for Spouse Optional Life and Accidental Death Benefits (if applicable)

Effective date (mm-dd-yyyy)	<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable	I designate the following person(s) to receive any amount due under the group policy upon my death.		
Full legal name	Birthdate (mm-dd-yyyy)	Relationship to you	Share of proceeds %	
Full legal name	Birthdate (mm-dd-yyyy)	Relationship to you	Share of proceeds %	

PART 4 — CONTINGENT BENEFICIARY DESIGNATION

If there are no surviving beneficiaries at the time of my death, I declare that the following Contingent Beneficiaries shall receive the proceeds. If there are no surviving Contingent Beneficiaries at the time of my death, the proceeds shall be paid to my estate.

Unless I specify otherwise, my Contingent Beneficiary will apply to all benefits for which I have coverage. I revoke all previous Contingent Beneficiary appointments.

Effective date (mm-dd-yyyy)	<input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable	I designate the following person(s) to receive any amount due under the group policy upon my death.		
Full legal name	Birthdate (mm-dd-yyyy)	Relationship to you	Share of proceeds %	
Full legal name	Birthdate (mm-dd-yyyy)	Relationship to you	Share of proceeds %	

PART 5 — TRUSTEE DESIGNATION

Trustee designation — Complete only if a beneficiary is under the age of minority

I hereby appoint as Trustee to receive from Pacific Blue Cross any amount which may be due to my beneficiary, while such beneficiary is a minor:

Full legal name	Birthdate (mm-dd-yyyy)	Relationship to you
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PART 6 — MEMBER SIGNATURE

I hereby revoke all previous beneficiary appointments and dispositions and designate the above named if living to receive any amount due upon my death for the benefits noted above under this group policy. I reserve the right to change any beneficiary named above unless I have named the beneficiary as irrevocable. I consent to the personal information provided above being retained, used and disclosed in accordance with Pacific Blue Cross' privacy policy. The privacy policy is available online at pac.bluecross.ca or by calling Pacific Blue Cross at 604 419-2000.

Member's signature X	Date (mm-dd-yyyy)
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