

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*



644 MAIN ST PO BOX 220 MONCTON NB E1C 8L3
 FOR ALL INQUIRIES: TEL 1-888-919-7378 FAX 506-867-4651

BENEFICIARY DESIGNATION

IMPORTANT INSTRUCTIONS: Please complete this document in ink. Forms that have been altered with white-out or cross-outs will not be accepted. Please complete a new form if changes are required. This is necessary to ensure the timely processing of the proceeds of your life insurance policy to the correct beneficiary(ies).

I HEREBY REVOKE ANY PREVIOUS BENEFICIARY DESIGNATION OF PRIMARY OR CONTINGENT BENEFICIARY(IES) AND CHANGE THE BENEFICIARY DESIGNATION(S) AS INDICATED BELOW:

1. LIFE INSURED INFORMATION
Life Insured Name: _____ Policy Number: _____
2. POLICY OWNER INFORMATION – If this policy is owned by someone other than the Life Insured named above, this form must be completed and signed by the Policy Owner.
<input type="checkbox"/> Policy Owner is same as Life Insured OR indicate Policy Owner's Name: _____
3. PRIMARY BENEFICIARY DESIGNATION – I declare that the following beneficiary(ies) is (are) to receive the proceeds of this Life Insurance policy. Should one or more of the named primary beneficiaries predecease the Life Insured, payment will be made in equal shares to the surviving primary beneficiaries unless otherwise indicated. Combined percentages must total 100%. For the Province of Québec, the designation of your spouse as beneficiary is presumed irrevocable unless otherwise specified. <input type="checkbox"/> Revocable For the Province of Québec, where the beneficiary of a life insurance policy is a minor at the time of the insured's death, Medavie Blue Cross will pay the proceeds to parent(s) (or other legal guardian, if applicable), and not to anyone else who might be named as administrator/trustee of the proceeds. If you wish to have another person administering the child's proceeds, you should have the proper provisions in your will. You may also want to consult with a legal counsel to determine whether there is some estate planning steps you can take to support your wishes. The designation of irrevocability can be changed only with written consent from the beneficiary.
Beneficiary's Full Name: _____
Relationship to Life Insured: _____ Percentage: _____
Mailing Address: _____ _____ Phone Number: _____
E-mail Address: _____
Beneficiary's Full Name: _____
Relationship to Life Insured: _____ Percentage: _____
Mailing Address: _____ _____ Phone Number: _____
E-mail Address: _____
Beneficiary's Full Name: _____
Relationship to Life Insured: _____ Percentage: _____
Mailing Address: _____ _____ Phone Number: _____
E-mail Address: _____
Beneficiary's Full Name: _____
Relationship to Life Insured: _____ Percentage: _____
Mailing Address: _____ _____ Phone Number: _____
E-mail Address: _____

4. CONTINGENT BENEFICIARY DESIGNATION – If there are no surviving beneficiaries at the time of my death, I declare that the following contingent beneficiary(ies) will receive the proceeds. If there are no surviving Contingent Beneficiary(ies) at the time of my death, the proceeds shall be paid to my estate. Proceeds will be paid in equal shares to the surviving Contingent Beneficiaries, unless otherwise indicated below. Combined percentages must total 100%.

Beneficiary's Full Name: _____

Relationship to Life Insured: _____ Percentage: _____

Mailing Address: _____

_____ Phone Number: _____

E-mail Address: _____

Beneficiary's Full Name: _____

Relationship to Life Insured: _____ Percentage: _____

Mailing Address: _____

_____ Phone Number: _____

E-mail Address: _____

5. TRUSTEE NOMINATION FOR MINOR BENEFICIARY(IES) – If any beneficiary(ies) is (are) under the legal age of majority, a trustee must be appointed to receive any payment due on or after the life insured's death to any beneficiary designated in this form who is a minor child on the date such payment falls due.

Trustee Name: _____

Relationship to Life Insured: _____

Mailing Address: _____

_____ Phone Number: _____

E-mail Address: _____

6. AUTHORIZATION AND CONSENT

I reserve the right to change my beneficiary(ies) designation(s) at any time. In the event of my death, I authorize my beneficiary, heir or executor to provide all information and/or authorizations required for the collection of supporting documentation necessary for the assessment of the claim.

I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by Medavie Blue Cross and/or Blue Cross Life Insurance Company of Canada (Blue Cross Life) may be collected, used, or disclosed to administer the terms of my policy or the group policy of which I am an eligible member, to recommend suitable products and services to me, and to manage Medavie Blue Cross and/or Blue Cross Life's business. Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Medavie Blue Cross and/or Blue Cross Life organizations, health care professionals or institutions, life and health insurers, government and regulatory authorities and other third parties when required to administer the benefits outlined in the policy of which I am an eligible member.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, in some instances doing so may prevent Medavie Blue Cross and/or Blue Cross Life from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure.

For additional information regarding Medavie Blue Cross and/or Blue Cross Life's privacy policies I can contact Medavie Blue Cross and/or Blue Cross Life at 1-888-919-7378 or medaviebc.ca. A photocopy of this authorization shall be as valid as the original. This consent complies with federal and provincial privacy laws.

Signed at _____
City, Province Day Month Year

Policy Owner's Signature: _____

