



THE UNIVERSITY OF BRITISH COLUMBIA

OPTIONAL FACULTY AND STAFF LIFE INSURANCE PROGRAM POLICY NUMBER 50555-G-Part B BENEFICIARY NOMINATION FORM

Personal information provided on this form is collected pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c. 165 (FIPPA) for the purposes of benefits administration, claims submission and to make any necessary payroll deductions. The information will be used, retained & disclosed by UBC in accordance with FIPPA. For further information, please email benefitsinfo@hr.ubc.ca.

Name of Employee (First Name, Last Name)	Employee Identification Number
--	--------------------------------

BENEFICIARY NOMINATION: Please complete in ink, sign and date the form. Any changes, deletions or errors must be crossed out and initialed. Correction fluid or tape cannot be used. Complete the Beneficiary Trustee Nomination Section on the bottom of the page if you are nominating any beneficiary who is under the age of 19.

Beneficiary's Full Legal Name <small>(please see over for suggested wording)</small>	Relationship	Address	% of Proceeds

Where Quebec law applies, a spouse beneficiary is irrevocable unless you make the designation revocable by checking here:
 Revocable

Authorization: By enrolling in this plan, you authorize the following: Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information collected in this form to underwrite, administer benefits and pay claims; and the University of British Columbia to use the information collected in this form for benefits administration, claims submission, and to make any necessary payroll deductions. You agree all information in this form is true and complete. An original copy of this form must be submitted. Photocopies and/or electronic copies are not valid. If the employee Identification Number is my Social Insurance Number, I authorize the use of such number for tax reporting, identification and the administration of my benefits.

_____ Signature of Employee	_____ Date
--------------------------------	---------------

BENEFICIARY TRUSTEE NOMINATION SECTION

Section to be completed and signed if your beneficiary is under age 19.

Beneficiary First Name, Last Name

RELATIONSHIP: _____
Beneficiary Relationship to You

Any payment becoming due during the minority of the minor (s) to be made to _____
Trustee First Name, Last Name

as trustee, or failing such trustee, to the duly appointed guardian of such minor child as trustee. Payment to said trustee shall discharge Sun Life Assurance Company of Canada and the University of British Columbia.

TRUSTEE CONTACT INFORMATION:

Home Address	_____ Number & Street Address	_____ City
	_____ Province	_____ Postal Code
Phone	_____ Home Phone (include area code)	_____ Work Phone (include area code)

_____ Signature of Employee	_____ Date
--------------------------------	---------------



Below are some suggested designations and the acceptable wording to be used.

Beneficiary designation	Acceptable wording of designation
Estate or Legal Heirs	Estate or Legal Heirs
One Beneficiary	Martha Doe, wife or spouse
Two beneficiaries in succession (primary and secondary beneficiary)	Martha Doe, wife or spouse, or in the event of her death, Richard Doe, son
Two beneficiaries in equal shares	Jane and Martha Doe, children
Primary beneficiary followed by two secondary beneficiaries in equal shares	Martha Doe, wife or spouse, or in the event of her death, Jane and Mary Doe, children
<p>Two beneficiaries in percentages (not in equal shares)</p> <p>Note: if one of the beneficiaries pre-deceases the employee, the share of the deceased beneficiary would be paid to the employee' estate. If that share should be paid to the remaining beneficiary, the following must be added:</p>	<p>John Smith 40% and Sally Smith 60%, parents</p> <p>In the event of the death of one beneficiary, his/her share is to be paid to the surviving beneficiary.</p>
Trustee for minor children other than in the province of Quebec	Mary and John Doe, children. Any payment becoming due during their minority to be made to John Smith, as Trustee or failing such Trustee, to the duly appointed guardian of such child as Trustee. Payment to said Trustee shall discharge the Company. (or complete "Beneficiary Trustee Nomination Section")
Trustee for minor children in Quebec	Unacceptable by law