PSBT Benefits⁺

Beneficiary Change Form
Under the Power Sector Benefit Trust through Canada Life

Note: Fill out this form to change your Beneficiary

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1. Plan Member Information

The Power Sector Benefit Trust   **56105**

plan sponsor   group policy number:

☐ M   ☐ F

SIN   date of birth (mm/dd/yy)   sex

first name   middle initial   last name

address   city   province   postal code

phone   cell   email

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2. Beneficiary Designation

Note: In the event of Applicant's death, the Primary Beneficiary (or Beneficiaries) will receive life claim benefits. *"Contingent"* receives life benefits in the event of Primary Beneficiary's death. If more space is required, please complete another form and submit with this document.

Primary Beneficiary (or Beneficiaries)

I appoint as primary revocable beneficiary of the insurance payable in the event of my death:

first name   last name   first name   last name

address   address

city   province   postal code   city   province   postal code

phone   relationship   allocation

Contingent Beneficiary (or Beneficiaries)

As a contingent beneficiary I appoint:

first name   last name   first name   last name

address   address

city   province   postal code   city   province   postal code

phone   relationship   allocation   phone   relationship   allocation

Trustee for Minors

I appoint as a Trustee for minors (under the age of 18) in the event of death of primary and contingenet beneficiaries:

first name   last name

address

city   province   postal code

phone   relationship

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3. Applicant's Authorization

Physical/wet signature required.

I apply for the benefits under the policy or policies indicated above. I hereby authorize the use of my social insurance number for the administration of the benefits applied for under this group policy.

date (mm/dd/yy)   signature of employee/member   province of residence   province of employment

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4. Administrator

For office use only.

certificate number   division   effective date