

**INDUSTRIAL ALLIANCE  
PROFESSIONAL PILOT INSURANCE PLAN**

**BENEFICIARY DESIGNATION  
OR CHANGE FORM**

USING THIS FORM TO DESIGNATE OR CHANGE A BENEFICIARY REVOKES ONLY THOSE DESIGNATIONS FOR COVERAGE CHECKED BY YOU

<b>A. MEMBER INFORMATION</b>		
	GROUP: 100007521	ACCOUNT: 001
NAME _____		
ADDRESS _____	PHONE _____	
EMAIL _____		

<b>B. NOTIFICATION</b>	
<input type="checkbox"/> ADD BENEFICIARY	_____
<input type="checkbox"/> CHANGE BENEFICIARY	_____
CHANGE APPLIES ONLY TO COVERAGES CHECKED:    ___ BASIC LIFE    ___ OPTIONAL LIFE ___ OPTIONAL ADD/D	

<b>C. BENEFICIARY DESIGNATION</b>		
I, _____, DO HEREBY REVOKE ALL PREVIOUS BENEFICIARY DESIGNATIONS FOR THE COVERAGE CHECKED ABOVE AND DECLARE THAT ALL BENEFITS PAYABLE UNDER THE POLICY AFTER MY DEATH FOR THE COVERAGE CHECKED, SHALL BE PAID TO THE FOLLOWING:		
PRIMARY BENEFICIARY(IES) - IN EQUAL SHARES UNLESS OTHER PERCENTAGE INDICIATED:		
NAME(S)	RELATIONSHIP(S)	% SHARE

<b>D. CONTINGENT BENEFICIARY(IES) DESIGNATION</b>		
IN THE EVENT THE PRIMARY BENEFICIARY(ies) PREDECEASES THE MEMBER, THE FOLLOWING CONTINGENT BENEFICIARY(ies) SHALL BE ENTITLED TO THE BENEFITS, PAID IN EQUAL SHARES UNLESS OTHERWISE INDICATED:		
NAME(S)	RELATIONSHIP(S)	% SHARE

IN QUEBEC ANY DESIGNATION NAMING A SPOUSE IS AN IRREVOCABLE DESIGNATION.  
 IN THE EVENT ALL BENEFICIARIES PRECECEASE THE MEMBER, BENEFITS SHALL BE PAID TO THE MEMBER'S ESTATE.  
 POLICY PROCEEDS CANNOT BE PAID TO A MINOR. IF A MINOR IS NAMED AS A BENEFICIARY, YOU SHOULD CONSIDER NAMING A TRUSTEE. IF NAMING A TRUSTEE YOU MAY WISH TO CONSIDER LIMITING THE DESIGNATION TO AFFECT ONLY CHILDREN UNDER THE AGE OF 18 OR CREATING A TRUST AGREEMENT OR REFERENCING AN EXISTING TRUST AGREEMENT. WHERE A TRUSTEE IS NAMED, WITHOUT LIMITATION THE BENEFITS WILL BE PAID TO THE TRUSTEE.

TRUSTEE: \_\_\_\_\_ RELATIONSHIP TO MEMBER: \_\_\_\_\_

<b>E. MEMBER SIGNATURE</b>	
SIGNED THIS: _____ DAY OF _____, 20 _____	
MEMBER SIGNATURE: _____	
WITNESS SIGNATURE: _____	
(MUST BE WITNESSED BY SOMEONE OTHER THAN BENEFICIARY)	

PLEASE KEEP A COPY OF THIS DESIGNATION FOR YOUR RECORDS  
 MAIL TO: PROFESSIONAL PILOT INSURANCE PLAN/PO Box 89, STATION MAIN, OKOTOKS, ALBERTA T1S 1A4