



ONTARIO TEACHERS INSURANCE PLAN
 125 Northfield Drive West
 PO Box 218
 Waterloo ON N2J 3Z9
 519.888.9683
 1.800.267.6847

Member's Change of Beneficiary

Basic Personal Information (Must be completed)

Name (Last, First and Middle Initial)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address (Number, Street and Apt.)			Indicate membership of: <input type="checkbox"/> ETFO <input type="checkbox"/> Administration <input type="checkbox"/> OECTA Elementary <input type="checkbox"/> Clerical <input type="checkbox"/> OECTA Secondary <input type="checkbox"/> Tradesperson <input type="checkbox"/> OSSTF Teacher <input type="checkbox"/> Other _____	
City	Prov.	Postal Code		
Home Telephone Number ()	Work Telephone Number ()		Date of Birth (mm/dd/yyyy)	
E-mail Address			Effective Date (mm/dd/yyyy)	
Employee Number		Policy Number		
School Board/District				

Please check one or both: Basic Life Optional Life

Change of Beneficiary (If more space is required, please complete a second form and attach.)

I revoke all previous appointments of beneficiary and hereby appoint the following as beneficiary entitled to receive the proceeds arising by reason of my death.

Beneficiary's Last Name	First Name	Initial	Relationship	Percentage
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Under the laws of Quebec, any designation of a spouse as a beneficiary is irrevocable unless stipulated to be revocable.

I hereby declare and stipulate that the beneficiary designation(s) made on this form is (are) revocable.

Note: If you designate a minor child as the beneficiary of your insurance proceeds, these proceeds will be paid into court, unless a trustee is appointed to receive such benefits on behalf of such child.

Trustee Appointment (you may wish to consult a lawyer before appointing a Trustee):

I hereby appoint my _____, _____ as the Trustee to receive the Benefits on behalf of my minor beneficiary.
 (Spouse, brother, etc.) (Name)

Contingent Beneficiary (alternate beneficiary, should your chosen beneficiary predecease you)

Last Name	First Name	Initial	Relationship

Agreement, Acknowledgement and Authorization

I certify that the information disclosed herein is accurate and complete and consent to such information being used for the purpose of understanding my needs, evaluating my eligibility to the plan, providing me with ongoing services, protecting us both against error and fraud and complying with various legal requirements.

I hereby confirm the designation of beneficiary listed to be true and correct as appointed by me. I hereby designate the above beneficiary to receive any amount due on my death while insured under this group policy.

Member's Signature X _____ Date (mm/dd/yyyy) _____