

# Beneficiary Designation

# WestGUARD

This form is to be completed by the plan member.

## Plan Member Information

Employee Name

Firm Name

## Beneficiary Designation

If no beneficiary is assigned then "ESTATE" will be assumed. If benefits are assigned to minor children a trustee must be appointed to act on their behalf.

Beneficiary Name (first, initial, last)	Birth Date (yy/mm/dd)	% Allocated	Relationship to Employee
Beneficiary Name (first, initial, last)	Birth Date (yy/mm/dd)	% Allocated	Relationship to Employee
Beneficiary Name (first, initial, last)	Birth Date (yy/mm/dd)	% Allocated	Relationship to Employee
Name of Trustee(s) for Dependent Children (under 18 years of age)	Birth Date (yy/mm/dd)	Trustee's Relationship to Employee	

The insurer merely records designations or changes of beneficiaries and declines any responsibility as to their validity.  
This designation applies to all life benefits under the policy.

## For Quebec Residents Only

In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified.  
If the beneficiary is shown as irrevocable, his/her consent is required to change the beneficiary designation.

If spouse is beneficiary, designation is:  Revocable  Irrevocable

## Certification and Authorization

In accordance with the terms and the conditions of the above-mentioned group insurance policy, I, the undersigned, hereby revoke any previous designation of beneficiary and name the above-mentioned person(s) as my beneficiary entitled to receive any amount payable under this policy upon my death. If this beneficiary predeceases me, the death benefit will be payable to my estate.

All Statements, representations and answers made in this application are consideration for and a basis of the insurance herein requested and whether written or printed are declared to be true, full and complete.

At Western Financial Group Insurance Solutions, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a group life and health benefits file. Access to your information will be limited to:

- our employees and representatives in the performance of their jobs;
- persons to whom you have granted access in writing; and
- persons authorized by law.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

Western Financial Group Insurance Solutions is focused on respecting your privacy and maintaining confidentiality of information. We have safeguards in place to protect your personal, business, and financial information which adheres to the Ten Privacy Principles as covered by the Personal Information Protection and Electronic Document Act ([www.privcom.gc.ca](http://www.privcom.gc.ca)). To learn more about Western Financial Group Insurance Solutions' commitment to privacy and security refer to our web site: [www.westernfgis.ca](http://www.westernfgis.ca)

Employee Signature

Date Signed (yy/mm/dd)



Complete and send to:  
WestGUARD, Western Financial Group Insurance Solutions  
201-600 Empress Street, Winnipeg, Manitoba R3G 0R5  
Toll Free: 1-800-665-8990

Western Financial Group (Network) Inc.  
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