

# CONTINGENT BENEFICIARY FORM

If you wish to appoint a contingent beneficiary in the event that the beneficiary or beneficiaries identified on your Beneficiary Declaration and Trustee form are not alive at the time of your death, please write the contingent beneficiary(ies) name, percentage amount, and relationship to you on this form.

In order to complete your contingent beneficiary designation this form must be signed, dated, attached to, and submitted, with your Beneficiary Declaration and Trustee form. Original forms are required. Please print clearly and complete this form, in INK.

Any contingent beneficiary designations made on this form will automatically be revoked by any subsequent Beneficiary Declaration and Trustee form completed by you.

## 1. General Enrolment Information:

Group Policy No.: \_\_\_\_\_ Plan Member ID: \_\_\_\_\_

Plan member name (print): \_\_\_\_\_  
last name first name middle initial

## 2. Contingent Beneficiary Designation:

If there are no surviving beneficiaries at the time of my death, I designate the following as contingent beneficiary(ies) for the benefits under the plan(s) described above:

Contingent Beneficiary name(s)			Percent allocated	Relationship to plan member
last name	first name	middle initial	_____	_____
last name	first name	middle initial	_____	_____
last name	first name	middle initial	_____	_____

**Note:** Where Québec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the box marked "Revocable", below.

**I hereby make the above contingent beneficiary designation:**

**Revocable**, I may change this beneficiary designation at any time

For situations where more than one beneficiary has been named with the intent of equal payment amongst all, Great-West Life will ensure that equal payments are paid out to each beneficiary (e.g. 3 beneficiaries receiving 33 1/3%).

**THE DESIGNATION OF CONTINGENT BENEICIARY(IES) WILL NOT APPEAR ON THE GROUPNET FLEX SYSTEM.**

## 3. Authorizations and Declarations:

Please sign the below in order for the above contingent beneficiary designation to be valid. This section must be signed and dated in INK by the plan member.

Plan member signature: \_\_\_\_\_ Date: \_\_\_\_\_