

Please print clearly and complete this form in INK. Plan Member should return the completed form to your Plan Administrator. If you use GroupNet for Plan Admin, completed form should be maintained by the Plan Administrator.

1. General Enrollment Information	Plan number: _____
	Plan sponsor: _____
	Plan member name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> last name first name middle initial </div>
	Division number: _____ Plan member ID: _____

2. Beneficiary Designation This section is to be completed by the plan member. This section must be completed to designate a beneficiary for your life benefits, if applicable. The original of this form will be required for a life claim. Crossed out beneficiary designations must be initialed. Please print clearly, in INK.	I hereby revoke all previous beneficiary designations and designate the following as beneficiary(ies).			
	Primary Beneficiary:	Percent allocated:	Relationship to plan member:	
	_____	_____	_____	
	last name first name middle initial			
	_____	_____	_____	
	last name first name middle initial			
To be divided as follows: <input type="checkbox"/> As per the percentage indicated above, or <input type="checkbox"/> In equal shares to the survivor(s)				

3. Contingent Beneficiary Designation If you wish to appoint a contingent beneficiary in the event that there are no surviving primary beneficiaries at the time of your death, please complete this section.	If there are no surviving beneficiaries at the time of my death, I declare that the following Contingent Beneficiaries shall receive the proceeds. If there are no surviving Contingent Beneficiaries at the time of my death, the proceeds shall be paid to my estate.			
	Contingent Beneficiary:	Percent allocated:	Relationship to plan member:	
	_____	_____	_____	
	last name first name middle initial			
	_____	_____	_____	
	last name first name middle initial			
To be divided as follows: <input type="checkbox"/> As per the percentage indicated above, or <input type="checkbox"/> In equal shares to the survivor(s)				
You may change this beneficiary designation at any time upon notice to Great-West Life. If you wish to make the beneficiary designation irrevocable (meaning you may not change the designation or make certain changes to your coverage under the plan without the written consent of the beneficiary) please complete form #M6348 BIL.				
Note: Where Quebec 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 beneficiary designation: <input type="checkbox"/> Revocable, I may change this beneficiary designation at any time				
For Quebec Applicants Only - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to his/her tutor(s) or curator(s), unless a valid trust has been established for the benefit of the beneficiary, by Will or by separate contract, to receive any such payment and Great-West Life has been provided notice of the trust. If a valid trust has already been established, designate the trust as the beneficiary in this section. Before designating a trust, you should seek legal advice.				

CONTINUE ON REVERSE SIDE

4. Trustee Appointment

You may wish to appoint a trustee/administrator by completing this section

The original of this form will be required for a life claim.

Please print clearly, in INK.

DO NOT COMPLETE THIS SECTION IF YOU ARE A QUEBEC RESIDENT

If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing this form. This appointment may not be suitable for all purposes.

If you are designating a trustee/administrator, we recommend you consult with a legal advisor, and with any proposed trustee/administrator.

Do not complete this section if you have made another trustee/administrator appointment.

I hereby appoint the following trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group benefits plan where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will release The Great-West Life Assurance Company from further liability. The trustee shall act prudently and may use the money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary. The trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time, the trustee shall deliver to the beneficiary all assets held in trust.

Trustee last name

first name

middle initial

Relationship to plan member

5. Privacy

This section explains Great-West Life's commitment to privacy.

Protecting Your Personal Information

At **The Great-West Life Assurance Company**, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.

6. Authorizations and Declarations

This section must be signed and dated in INK by the plan member.

I have read and understand and agree with the contents of the section entitled "Protecting Your Personal Information".

I authorize:

- Great-West Life, any healthcare provider, my plan administrator, any insurance or reinsurance company, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life or the above to exchange personal information, when relevant and necessary to determine my eligibility for coverage and to administer the plan.

I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

For Quebec applicants: I request that this form be in English.

Je demande que ce formulaire me soit remis en anglais.

Plan member signature: _____ **Date:** _____