

Reset Form

# Designation of Beneficiary

When the form is completed and signed, return the original form to the insured employee's Human Resource Branch.

## Section A: Insured Employee/Spouse Information (please print)

Employee Number: \_\_\_\_\_ Employer Name (if applicable): \_\_\_\_\_  
 Last Name of Insured: \_\_\_\_\_ First Name & Initial of Insured: \_\_\_\_\_

## Section B: Designation (please print)

I, \_\_\_\_\_ being insured under Group Policy Number G. 161938 issued to the Government of Saskatchewan by the Great-West Life Assurance Company do hereby revoke all previous designations and appointments of beneficiaries with respect to any amount payable upon my death under the said Policy and do hereby declare that all sums falling due with respect to such amounts on or after my death shall be paid as they respectively fall due to:

Beneficiary 1 - Full Name	Relationship	Portion	Birth (day/month/year)
_____	_____	_____	_____
Beneficiary 2 - Full Name	Relationship	Portion	Birth (day/month/year)
_____	_____	_____	_____
Beneficiary 3 - Full Name	Relationship	Portion	Birth (day/month/year)
_____	_____	_____	_____

If no beneficiary designated herein survives me, the benefits payable on and after my death are to be paid, subject to the rights of any assignee or beneficiary for value, to my estate.

To the fullest extent permitted by the laws applicable, I reserve the right to change or revoke this designation of beneficiary.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Insured \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Print Name \_\_\_\_\_

## Comments and Instructions

Please complete additional *Designation of Beneficiary* forms for additional beneficiaries.  
 Prior to completing this form, the Insured must satisfy himself/herself that the completion thereof will carry out his/her intentions.  
 The Insured must consider the above designation of beneficiary in the event that he/she makes changes to a Will or changes marital status.  
 The Public Employees Group Life Insurance Plan is not responsible for the validity or effect of any designation made under this form.  
 In general, provincial legislation does not allow payment of benefits directly to a minor (under 18 years of age). If you wish to name a minor as a beneficiary, you should appoint a trustee on this form to ensure that the benefits will be paid according to your intentions.

## Completing the Designation of Beneficiary Form

The Insured shall designate his/her own beneficiary. He/she may name an individual or in combination any family member, a friend or his/her Estate.

If the Insured wishes to designate as beneficiary a Church or Charitable Organization, all that is required is the legal name of the organization and its address.

Since it is necessary to use certain approved wording in the designation of a beneficiary or when a change in the beneficiary appointment is made, the following should be used where applicable:

- Where one beneficiary is named:  
Mary Jane Smith, my wife
- Where more than one beneficiary is named:  
Mary Jane Smith, my wife  
William John Smith, my father  
equally or to the survivor
- Where three or more are named:  
William John Smith, my son  
Joseph Albert Smith, my son, and  
Mary Jane Smith, my daughter,  
equally or to the survivors or survivor
- Where the beneficiary is designated as the Estate:  
My Estate
- Where beneficiaries are allowed fractional amounts:  
Mary Jane Smith, my wife, Two-thirds (2/3)  
William John Smith, my son, One-third (1/3)  
The share of the deceased beneficiary shall be paid to the survivor
- Where a contingent beneficiary is designated:  
Mary Jane Smith, my wife, if living, otherwise to  
William John Smith, my son
- Where a trustee is designated:  
Mary Jane Smith, my sister, in trust for  
William John Smith, my son

It is advisable to consult a lawyer where you choose a designation not in accordance with any of the above examples.