

DECLARATION OF BENEFICIARY GROUP INSURANCE

5122 53rd Street, Yellowknife NT, X1A 1V6 Ph: (867) 873-4965 Fax: (867) 873-5801

NAMING A BENEFICIARY HELPS TO ENSURE YOUR BENEFITS ARE PAID AS YOU WISH UPON YOUR DEATH. NORTHERN EMPLOYEE BENEFITS SERVICES (NEBS) IS COMMITTED TO PROTECTING THE PRIVACY, CONFIDENTIALITY, ACCURACY AND SECURITY OF THE PERSONAL INFORMATION THAT IT COLLECTS, USES, RETAINS AND DISCLOSES IN THE COURSE OF CONDUCTING BUSINESS.

PLEASE PRINT CLEARLY IN BLUE INK AND RETURN ORIGINAL SIGNED FORM TO THE NEBS OFFICE.

Employer Name:			
Employee Last Name: Employee F		rst Name:	
		Birth Date: dd / mm / yyyy	
Employee Address:			
PRIMARY BENEFICIARY (IES)			
I, revo indicated plan above after my death shall be paic	ke all previous designations and to the following:	d declare that all benefits p	ayable under the
Benefits to be divided as follows (please check one	e): As indicated below, O	R \Box In equal shares to th	e survivor(s)
Beneficiary Name (Last Name, First Name)	Beneficiary Birth Date (dd/mm/yyyy)	Relationship to Employee	% Allocated
	Total A	llocation Must Equal 100%	
AUTHORIZATION			
Employee Name (Print)	Employee Signature	Date	
Witness Name (Print) – Cannot be a beneficiary	Witness Signature		