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

DECLARATION OF BENEFICIARY GROUP INSURANCE

NAMING A BENEFICIARY HELPS TO ENSURE YOUR BENEFITS ARE PAID AS YOU WISH UPON YOUR DEATH.

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

Employer Name: _____

Employee Last Name: _____ Employee First Name: _____

SIN: _____ Birth Date: _____ dd / mm / yyyy

Employee Address: _____

PRIMARY BENEFICIARY (IES)

I, _____ revoke all previous designations for the plan checked above and declare that all benefits payable under the indicated plan above after my death shall be paid to the following.

Benefits to be divided as follows (please check one): ☐ As indicated below, OR ☐ In equal shares to the survivor(s)

Beneficiary Name (Last Name, First Name)	Beneficiary Birth Date (dd/mm/yyyy)	Relationship to Plan Member	% Allocated
		Total Allocation Must Equal 100%	

CONTINGENT BENEFICIARY

If you do not have a spouse, or your spouse has predeceased you, and you have no dependent children, you should designate a contingent beneficiary for death benefits. If you do not name a beneficiary your "estate" will be the beneficiary.

Beneficiary Name (Last Name, First Name)	Beneficiary Birth Date (dd/mm/yyyy)	Relationship to Plan Member	% Allocated

AUTHORIZATION

NORTHERN EMPLOYEE BENEFITS SERVICES PRIVACY STATEMENT: 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.

Employee Name (Print) _____ Employee Signature _____ Date _____

Witness Name (Print) _____ Witness Signature _____