



IMPORTANT
PLEASE READ PRIOR TO COMPLETING FORMS

1) CHANGE OF BENEFICIARY DESIGNATION OF PRIMARY BENEFICIARY FOR LIFE AND AD&D

This form gives you the opportunity to change your designated beneficiaries for Life Insurance and Accidental Death and Dismemberment Insurance for which you may be eligible.

2) EXCESS CONTRIBUTION RESERVE – CHANGE OF BENEFICIARY DESIGNATION

This form gives you the opportunity to change your designated beneficiaries for your Excess Contribution Reserve Account. This account is made up of the contributions made by Producers and is used to pay for the cost of benefits. If, upon your death, there is a balance in the account, after administration costs, the balance will be paid out to your named beneficiaries.

****WITNESS: FORMS MUST BE WITNESSED BY A PERSON 19 YEARS OF AGE OR OLDER, NOT BE A BENEFICIARY OR FAMILY MEMBER OR MBT STAFF MEMBER. PLEASE NOTE THAT THE WITNESS MUST WITNESS YOU SIGNING THE FORMS AND THEREFORE WILL SIGN THE FORMS THE SAME DAY AS YOU.**



Member Benefits Trust

LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT – CHANGE OF BENEFICIARY DESIGNATION

PERSONAL DETAILS:

UBCP #: _____

Mr. Mrs. Ms. Miss Male Female SIN: _____ Prov/State of Residence: _____

Legal Name: _____ Stage Name: _____
Last First Middle (If applicable)

I DESIGNATE:

Last Name	First Name	Middle	Percentage (%)	Date of Birth (MM/DD/YYYY)	Sex	Relationship to you
Total:			100%			

TRUSTEE DURING MINORITY CLAUSE: (The following must be completed if any primary beneficiary is a minor)

"I appoint _____, _____ to be my Trustee to hold any benefit payable hereunder
(Full legal name) (Relationship to you)
to any minor child designated as a primary beneficiary until such child's majority (based on the Province/State where they reside) and any payment so made to the said Trustee shall discharge the **Member Benefits Trust (MBT)** to the extent of such payment."

DESIGNATION OF CONTINGENT BENEFICIARY:

If you have no living primary beneficiary when you die, we will pay the benefits to your contingent beneficiary, named below. If you have no living beneficiary when you die, we will pay the benefits to the personal representative of your estate.

Last Name	First Name	Middle	Percentage (%)	Date of Birth (MM/DD/YYYY)	Sex	Relationship to you
Total:			100%			

TRUSTEE DURING MINORITY CLAUSE: (The following must be completed if any contingent beneficiary is a minor)

"I appoint _____, _____ to be my Trustee to hold any benefit payable hereunder
(Full legal name) (Relationship to you)
to any minor child designated as a contingent beneficiary until such child's majority (based on the Province/State where they reside) and any payment so made to the said Trustee shall discharge the **Member Benefits Trust (MBT)** to the extent of such payment."

I designate and appoint the above named beneficiary(ies) to receive any benefits payable under the Group Insurance Policy in the event of my death. I reserve the right to alter or revoke my designation of beneficiary in accordance with the terms of the Group Insurance Policy. I have read and understood the above.

_____ X _____
Date Member's Name (printed) & Signature

_____ X _____
Date Witness's Name (printed) & Signature



EXCESS CONTRIBUTION RESERVE – CHANGE OF BENEFICIARY DESIGNATION

PERSONAL DETAILS:

UBCP #: _____

Mr. Mrs. Ms. Miss Male Female SIN.: _____ Prov/State of Residence: _____

Legal Name: _____ Stage Name: _____
Last First Middle (If applicable)

I DESIGNATE:

Last Name	First Name	Middle	Percentage (%)	Date of Birth (MM/DD/YYYY)	Sex	Relationship

Total: 100%

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DESIGNATION OF CONTINGENT BENEFICIARY:

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_____ X _____
Date Member's Name (printed) & Signature

_____ X _____
Date Witness's Name (printed) & Signature