



McMaster University
Human Resources Services

LIFE INSURANCE BENEFICIARY APPOINTMENT FORM

From: _____
Employee or Retiree Name (Please Print) *McMaster I. D. Number*

I revoke any and all previous beneficiary appointments and hereby appoint as beneficiary under the McMaster Group Life Insurance Plan, the following _____ beneficiaries:
of beneficiaries appointed

_____ <i>Beneficiary #1 Surname</i>	_____ <i>Given Names</i>	_____ <i>Relationship</i>
_____ <i>Street Address</i>	_____ <i>City, Province</i>	_____ <i>Postal Code</i>
_____ <i>Date of Birth</i>	_____ <i>Primary/Secondary Beneficiary?</i>	_____ <i>Payment Percentage</i>

_____ <i>Beneficiary #2 Surname</i>	_____ <i>Given Names</i>	_____ <i>Relationship</i>
_____ <i>Street Address</i>	_____ <i>City, Province</i>	_____ <i>Postal Code</i>
_____ <i>Date of Birth</i>	_____ <i>Primary/Secondary Beneficiary?</i>	_____ <i>Payment Percentage</i>

_____ <i>Beneficiary #3 Surname</i>	_____ <i>Given Names</i>	_____ <i>Relationship</i>
_____ <i>Street Address</i>	_____ <i>City, Province</i>	_____ <i>Postal Code</i>
_____ <i>Date of Birth</i>	_____ <i>Primary/Secondary Beneficiary?</i>	_____ <i>Payment Percentage</i>

Signature of Employee *Date*

Signature of Witness *Date*

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