

HALTON DISTRICT SCHOOL BOARD

GROUP LIFE INSURANCE

BENEFICIARY CHANGE

Please print in ink

Surname: _____ **First Name:** _____

Social Insurance Number: _____

I hereby revoke any previous appointment of beneficiary, appointment of benefits, or mode settlement made by me in respect to my Group Life Insurance with the Halton District School Board and I declare that the insurance moneys payable in the event of my death in accordance with the terms of my Group Life Insurance with the Halton District School Board shall be payable to:

Beneficiary Nomination (Surname/First Name)

Relationship

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Give Date of Birth if the Beneficiary Nomination is Under the Age of Majority - Age 18)

EMPLOYEE SIGNATURE: _____ **DATE:** _____

WITNESS SIGNATURE: _____ **DATE:** _____