

GWL Certificate Number



Please print clearly and complete this form, in INK. The plan administrator should attach this form to the plan member's application.

1. General Enrollment Information	Plan number: _____
	Plan sponsor: _____
	Plan member name: _____ <small>last name first name middle initial</small>
	Division number: _____ Plan member ID: _____

2. Beneficiary Designation

This section is to be completed by the plan member.

This section must be completed to designate a beneficiary for your life benefits, if applicable.

The original of this form will be required for a life claim.

Crossed out beneficiary designations must be initialed.

Please print clearly, in INK.

I hereby revoke all previous beneficiary designations and designate the following as beneficiary(ies).

Beneficiary's Name(s) (last, first, middle initial)	Percent Allocated	Relationship to Plan Member
1. _____ Telephone Number: _____ Email Address: _____		
2. _____ Telephone Number: _____ Email Address: _____		
3. _____ Telephone Number: _____ Email Address: _____		
4. _____ Telephone Number: _____ Email Address: _____		

To be divided as follows: As per the percentages indicated above, or
 In equal shares to the survivor(s)

3. Contingent Beneficiary Designation

If you wish to appoint a contingent beneficiary in the event that there are no surviving primary beneficiaries at the time of your death, please complete this section.

I hereby revoke all previous beneficiary designations and designate the following as beneficiary(ies).

Contingent Beneficiary's Name(s) (last, first, middle initial)	Percent Allocated	Relationship to Plan Member
1. _____ Telephone Number: _____ Email Address: _____		
2. _____ Telephone Number: _____ Email Address: _____		
3. _____ Telephone Number: _____ Email Address: _____		
4. _____ Telephone Number: _____ Email Address: _____		

To be divided as follows: As per the percentages indicated above, or
 In equal shares to the survivor(s)

You may change this beneficiary designation at any time upon notice to Great-West Life. If you wish to make the beneficiary designation irrevocable (meaning you may not change the designation or make certain changes to your coverage under the plan without the written consent of the beneficiary) please complete form #M6348 BIL.

Note: Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the box marked "Revocable", below.

I hereby make the above beneficiary designation:

Revocable, I may change this beneficiary designation at any time

For Quebec Applicants Only - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to his/her tutor(s) or curator(s), unless a valid trust has been established for the benefit of the beneficiary, by Will or by separate contract, to receive any such payment and Great-West Life has been provided notice of the trust. If a valid trust has already been established, designate the trust as the beneficiary in this section. **Before designating a trust, you should seek legal advice.**

