

McMaster University Human Resources Services

RETIREE LIFE INSURANCE BENEFICIARY APPOINTMENT FORM

From:		
Retiree Name (Please Print)		McMaster Employee ID Number
I revoke any and all previous ber	neficiary appointments and hereby appoint as	s beneficiary under the McMaster Group Life
	urance Plan, the following	
	# of beneficiaries appointed	ed
Beneficiary #1 Surname	Given Names	Relationship
Street Address	City, Province	Postal Code
Date of Birth	Primary/Secondary Beneficiary	? Payment Percentage
	<u></u>	
Beneficiary #2 Surname	Given Names	Relationship
Street Address	City, Province	Postal Code
	<u> </u>	_
Date of Birth	Primary/Secondary Beneficiary	? Payment Percentage
		_
Beneficiary #3 Surname	Given Names	Relationship
Street Address	City, Province	Postal Code
		
Date of Birth	Primary/Secondary Beneficiary	? Payment Percentage
Signature of Employee		Date

Please print and sign this form. This form does not have legal effect until Human Resources receives the signed form. You may either mail the original signed form to Human Resources or email a scanned version of the signed original to Human Resources.

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