



EMPLOYEE GROUP LIFE CHANGE OF BENEFICIARY FORM

ALL EMPLOYEES MUST COMPLETE PARTS A and B.
PART C, WILL BE COMPLETED BY HUMAN RESOURCES SERVICES.

PART A GENERAL INFORMATION

Policy Number 50813	Last Name	First Name	Employee ID
Employee Group	Department	Date of Birth (MM/DD/YY)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

PART B BENEFICIARY APPOINTMENT

For Life Insurance that becomes payable as a result of my death, I designate the following person(s) to be the beneficiary(ies):

Last Name	First Name And Initials	Relationship	Entitlement %

If you have not named a beneficiary(ies), in the event of your death while covered by this employee policy, the benefit amount will be paid to your estate. You can change your beneficiary at any time unless a law prevents your from doing so or you indicate the beneficiary is not to be changed.

I authorize McMaster University, Sun Life Financial; their agents and service providers to use and exchange the information collected in this form for the administration of Group Life Insurance (basic and optional coverage).

The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210, McMaster University.

Employee Signature

Date

PART C HUMAN RESOURCES VERIFICATION

Human Resources Signature

Entered into HRIS

DATE STAMP
