McMaster University
Human Resources Services

RETIREE LIFE INSURANCE BENEFICIARY APPOINTMENT FORM

From: _____ _____
Retiree Legal Name (Please Print) *McMaster Employee ID 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

Beneficiary #1 Legal Last Name *Legal First Name* *Relationship*

Street Address *City, Province* *Postal Code*

Date of Birth *Primary/Secondary Beneficiary?* *Payment Percentage*

Beneficiary #2 Legal Last Name *Legal First Name* *Relationship*

Street Address *City, Province* *Postal Code*

Date of Birth *Primary/Secondary Beneficiary?* *Payment Percentage*

Beneficiary #3 Legal Last Name *Legal First Name* *Relationship*

Street Address *City, Province* *Postal Code*

Date of Birth *Primary/Secondary Beneficiary?* *Payment Percentage*

Signature of Employee *Date*

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