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# APPOINTMENT OF BENEFICIARY(IES)

Life and Accidental Death & Dismemberment Insurance

## INSTRUCTIONS:

1. Complete each section of this form unless otherwise indicated.
2. **Return the original completed form to your employer unless you are a Substitute Teacher or Casual Staff.** If that is the case, return this form to the address above.
3. If you have any questions regarding the collection, use and disclosure of your personal information in Section D, please refer to our website at [www.asebp.ab.ca](http://www.asebp.ab.ca) or contact our Privacy Officer at 780-431-4786.

## A. Applicant information

New ASEBP member

Employer's name (if applicable): \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ ASEBP ID #: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Gender:  Female  Male

City: \_\_\_\_\_ Postal code: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Daytime phone #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

Email address (optional): \_\_\_\_\_

## B. Beneficiary for Life and Accidental Death & Dismemberment Insurance

I appoint the following beneficiary(ies) for my Life and Accidental Death & Dismemberment Insurance. This appointment supersedes any previous appointments I may have made for these monies and I reserve the right to change the beneficiary(ies) named below.

**Select one**  To the person(s) listed below  To my estate

Last name	First name	Relationship (spouse/partner daughter, son)	Address	% payable to each
<b>TOTAL</b>				<b>100%</b>

If any of the individuals (beneficiaries) listed above die before me, the amount payable to him/her shall be paid as follows.

**Select one**  Equally to the persons listed above who survive me  To my estate  
 To the persons listed below who survive me

Last name	First name	Relationship (spouse/partner daughter, son)	Address	% payable to each
<b>TOTAL</b>				<b>100%</b>

**C. Appointment of Trustee** *(Complete only if Beneficiary is under the age of majority)*

I appoint \_\_\_\_\_ of

\_\_\_\_\_ (address) as Trustee and authorize ASEBP to pay any amount payable to any beneficiary under 18 years of age to the Trustee. I authorize and direct the Trustee to use the insurance proceeds for the maintenance or education of the beneficiary and to pay the remaining balance to the beneficiary once he/she reaches 18 years of age.

**D. Consent and Authorization for Use of Personal Information**

I understand that the ASEBP must collect, use, and disclose the personal information contained herein in order to administer the Life and Accidental Death and Dismemberment Insurance benefit plans.

I understand why the information is required and am aware of the risks and benefits of providing this information. I consent to the collection, use, and disclosure of my personal information for the purposes identified above. I understand that I may revoke my consent at any time and acknowledge that doing so will affect my eligibility to receive Life and Accidental Death and Dismemberment Insurance benefits.

I understand that by virtue of the provisions of the Personal Information Protection Act of Alberta, individuals who derive a benefit from an insurance policy or benefit plan are deemed to consent to the collection, use, and disclosure of their personal information for the purpose of coverage under those plans.

**E. Acknowledgement**

I agree to the above and declare that my statements are complete, accurate and true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_