

**Canada Benefits**  
**Basic Life/Optional Life/AD&D Beneficiary Designation Form**

(Full-time employees only)

If you wish to remove any beneficiaries currently on file, please complete a new form. Any strike-throughs or similar alterations to the original form will deem it invalid.

In accordance with the conditions of the Enterprise Holdings Group Policy No. 373147-004, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of my death, the following:

**Primary Beneficiary Designation**

Beneficiary Name/Name of Trust(ee)*	Address (Street, Province, Postal)	Date of Birth (DD-MON-YYYY)	Gender (M or F)	SIN	% of Benefit
If you list multiple beneficiaries but fail to list the percent of benefit, payment will be made in equal shares or all to the survivor(s).					100%

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies):

**Contingent Beneficiary Designation**

Beneficiary Name/Name of Trust(ee) *	Address (Street, Province, Postal)	Date of Birth (DD-MON-YYYY)	Gender (M or F)	SIN	% of Benefit
If you list multiple beneficiaries but fail to list the percent of benefit, payment will be made in equal shares or all to the survivor(s).					100%

\*Trust(ee) Designation - For designations to a Trust(ee), please provide the following information:

Name of Trust: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Trustee: \_\_\_\_\_ Date Trust Executed: \_\_\_\_\_

If no primary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as stated in the Group Policy.

Note: The primary beneficiary(ies) and contingent beneficiary(ies) (if any) designated on this form will be the same for Basic Life, Optional Life and AD&D. No beneficiary designation is required for dependent life since the employee is always the beneficiary.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (DD-MON-YYYY)

Print Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Return this completed form to your Human Resources department.  
 Please keep a copy of this form for your records.

## GENERAL BENEFICIARY INFORMATION

### Basic Life/Optional Life/AD&D

Complete this Basic Life/Optional Life/AD&D Beneficiary Designation Form to designate your primary and contingent beneficiaries for Basic Life and AD&D and, if you are enrolled, your Optional Life. Return this completed form to your Human Resources department.

It is important that you review your beneficiary designation periodically to ensure that the beneficiary information you supplied is up to date. You may change or revoke your beneficiary designation at any time by completing a new Basic Life/Optional Life/AD&D Beneficiary Designation Form. The Basic Life/Optional Life/AD&D Beneficiary Designation Form is available at [YouDrive.EnterpriseHoldings.com](http://YouDrive.EnterpriseHoldings.com) or from your Human Resources department.

You may find the following definitions helpful in completing your Basic Life/Optional Life/AD&D Beneficiary Designation Form.

**Primary Beneficiary:** Your primary beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

**Contingent Beneficiary:** Your contingent beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds if your primary beneficiary(ies) (see definition above) predecease(s) the insured. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

**\*Trust(ee) Designation:** If you plan to have the insurance proceeds distributed through a Trust, you should complete this section with the appropriate information. Your Trust(ee) will be held fully responsible for the application for and disposition of the insurance proceeds.

**This section should only be used if you have a legally drawn inter vivos trust agreement or an appropriate Trust(ee) is designated under your Last Will and Testament. If you complete this section, do NOT complete the Primary or Contingent Beneficiary sections.**

### Retirement Savings Plan

To designate a beneficiary(ies) for your RRSP & DPSP accounts, you will need to log on to Manulife Financial at [www.manulife.ca/GRO](http://www.manulife.ca/GRO) and download a Change Form. Choose 'Plan Members', select 'Your forms and downloads' from the left menu, then print and complete Section 3 of the form and return in to Manulife. If in the future you have a life-changing event (marriage, divorce, birth of child, death of family member), you have the ability to update your beneficiary designations by completing and submitting a new Change Form at any time. If you have any questions concerning beneficiary designations, please contact Manulife Financial at 888-727-7766.