

GROUP OR EMPLOYER: : _____

Plan Member's name : _____

Date: _____

CHANGE IN BENEFICIARY – HEALTH AND WELFARE PLAN

I hereby revoke all previous beneficiary designations and appoint the following revocable beneficiary(ies) of any Life benefits payable under the Health and Welfare Plan upon my death, and discharge the Trustees of the Plan to the extent of such payment. (Note: Your designation of a beneficiary will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.) **If more than one beneficiary is named, total distribution of the benefits must equal 100%.**

Beneficiary's Name(s)			Percent allocated	Relationship to Plan Member
_____	_____	_____	_____	_____
last name	first name	middle initial		
_____	_____	_____	_____	_____
last name	first name	middle initial		
_____	_____	_____	_____	_____
last name	first name	middle initial		

Contingent beneficiary – or Secondary beneficiary in the event the beneficiary(ies) dies before me, the life benefit set out in the Group Insurance plan is to be paid to:

Name of contingent beneficiary Relationship to Plan Member
.....

If designating a beneficiary who is a minor (under age 18) or who lacks legal capacity to receive the proceeds, you **must** appoint a trustee/administrator.

If you are designating a trustee/administrator, we recommend you consult with a legal advisor, and with any proposed trustee/administrator.

Trustee Name Relationship to plan member

Note: Not required if the plan member has already completed a written Trust Agreement.

Signature of Plan Member: _____ Date: _____
D / M / Y

PLEASE RETURN TO COUGHLIN & ASSOCIATES LTD.