

BENEFICIARY DESIGNATION FORM

Employee Name: _____
(Last) (First) (Initial)

Member #: _____ Policy #: 50125 Account #: _____

COMPANY NAME/EMPLOYER	EFFECTIVE DATE <small>MONTH DAY YEAR</small>
BENEFICIARY(S): I, (the insured), reserve the right to revoke this appointment or nomination by written notice of change. <i>{Please be sure to print family name and given name(s) and relationship}:</i>	RELATIONSHIP TO EMPLOYEE

Signature of:

Employee: _____

Witness: _____

Date: _____

Print Name: _____

(Month / Day / Year)



Please return beneficiary change form to: Automotive Retailers Association
 #1 – 8980 Fraserwood Court
 Burnaby, B.C. V5J 5H7

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