

# BENEFICIARY DESIGNATION FORM

Employee Name: \_\_\_\_\_  
(Last) (First) (Initial)

Member #: \_\_\_\_\_ Policy #: \_\_\_\_\_ Account #: \_\_\_\_\_

<b>COMPANY NAME/EMPLOYER</b>	<b>EFFECTIVE DATE</b> <small>MONTH   DAY   YEAR</small>
<b>BENEFICIARY(S):</b> 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>	<b>RELATIONSHIP TO EMPLOYEE</b>

**Signature of:**

Employee: \_\_\_\_\_

Witness: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

(Month / Day / Year)



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

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