

THE ANGLICAN CHURCH OF CANADA

THE SELF-INSURED DEATH BENEFIT APPOINTMENT OF BENEFICIARY FORM

MEMBER INFORMATION

Name (<i>first, initial, last</i>)	Date of birth (mmm/dd/yyyy)
Diocese/Employer	Social Insurance Number

PRIMARY BENEFICIARY(IES)

ESTATE <input type="checkbox"/>	
OR	
Name (<i>first, initial, last</i>)	Date of birth (mmm/dd/yyyy)
Address	
Relationship to Member	% Share of Benefits - if not 100% or divided evenly
Name (<i>first, initial, last</i>)	Date of birth (mmm/dd/yyyy)
Address	
Relationship to Member	% Share of Benefits - if not 100% or divided evenly

If there are more than two beneficiaries, please attach a list or additional copies of this form available at the link <https://www.anglicanpension.ca/forms/>

TRUSTEE FOR UNDERAGE BENEFICIARIES If naming a beneficiary under the age of 18

Name (<i>first, initial, last</i>)	Date of birth (mmm/dd/yyyy)
Address	
Relationship to Underage Beneficiary	

SECONDARY BENEFICIARY(IES) In the event that the above named beneficiary(ies) predecease the insured

Name (<i>first, initial, last</i>)	Date of birth (mmm/dd/yyyy)
Address	
Relationship to Member	

If there is more than one back-up beneficiary, please attach a list or additional copies of this form available at the link <https://www.anglicanpension.ca/forms/>

Member's Signature	Witness Signature	Date (mmm/dd/yyyy)
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