

***THE SELF-INSURED DEATH BENEFIT PLAN***

***APPOINTMENT OF BENEFICIARY***

***MEMBER***

*Name* \_\_\_\_\_  
*(Please Print)* (Last Name) (Given Names in full)

*Diocese* \_\_\_\_\_

*Social Insurance Number* \_\_\_\_\_

***BENEFICIARY***

◆ *Name* \_\_\_\_\_  
*(Please Print)* (Last Name) (Given Names in full)  
*Address* \_\_\_\_\_  
\_\_\_\_\_

*Relationship to Insured* \_\_\_\_\_

***OR***

◆ *Estate*  Yes

\_\_\_\_\_  
Signature of Witness Signature of Member Date

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If this form is not completed, any death benefits payable under the Plan will automatically be paid to the estate.