

## OPTIONAL GROUP LIFE CHANGE OF BENEFICIARY

P 922 (R2024-03)

Group Policy Holder	Policy No.	Employee ID	Employee ID	
IAFF Local 255 / The City of Calgary	50767			
Employee Last Name	Employee Given Name(	s)		
hereby revoke all previous beneficiary design PRIMARY BENEFICIARY(IES) - in equal shares, unless		beneficiary(ies)		
FULL NAME (please print)	·	DEDOENT	DIDTUDATE	
FULL NAME (please print)	RELATIONSHIP TO LIFE INSURED	PERCENT ALLOCATED	BIRTHDATE (if under 21)	
f there are no surviving beneficiaries at the time teceive the proceeds. If there are no surviving baid to my estate.	Contingent Beneficiaries at the tim			
CONTINGENT BENEFICIARY(IES) - in equal shares, ur	·			
FULL NAME (please print)	RELATIONSHIP TO LIFE INSURED	PERCENT ALLOCATED	BIRTHDATE (if under 21)	
MINOR CLAUSE - check (✓) if necessary				
TRUSTEE FOR CHILDREN				
FULL NAME (please print)		RELATIONSHIP TO LIFE INSURED		
is hereby appointed Trustee to receive any pa DESIGNATED on this form who is a minor on		red's death to any l	BENEFICIARY	
reserve the right to change this designation of	f beneficiary.			
	•	n.		
reserve the right to change this designation of The company assumes no responsibility for the Signed At (City, Province)	•	Date	(Alpha) Year	

This information is collected for the purpose of benefit administration. The information is collected under the Alberta Freedom of Information and Protection of Privacy Act, Section 33(c) and is protected by this Act. Information will be provided to companies under contract to provide the identified benefit coverage. If you have any questions about the use of the information on this form, contact HR Support Services at 403-268-5800.

Please return to : HR Support Services #8107SS The City of Calgary P.O. Box 2100, Stn M Calgary, AB T2P 2M5