



**BASIC GROUP LIFE  
CHANGE OF BENEFICIARY**

P 921 (R2024-03)

Group Policy Holder <b>IAFF Local 255 / The City of Calgary</b>	Policy No. <b>50767</b>	Employee ID
Employee Last Name		Employee Given Name(s)

I hereby revoke all previous beneficiary designations and designate the following beneficiary(ies)

<b>PRIMARY BENEFICIARY(IES)</b> - in equal shares, unless otherwise provided below:			
FULL NAME (please print)	RELATIONSHIP TO LIFE INSURED	PERCENT ALLOCATED	BIRTHDATE (if under 21)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there are no surviving beneficiaries at the time of my death, I declare that the following Contingent Beneficiaries shall receive the proceeds. If there are no surviving Contingent Beneficiaries at the time of my death, the proceeds shall be paid to my estate.

<b>CONTINGENT BENEFICIARY(IES)</b> - in equal shares, unless otherwise provided below:			
FULL NAME (please print)	RELATIONSHIP TO LIFE INSURED	PERCENT ALLOCATED	BIRTHDATE (if under 21)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>MINOR CLAUSE</b> - check (✓) if necessary	
<input type="checkbox"/> TRUSTEE FOR CHILDREN	
FULL NAME (please print)	RELATIONSHIP TO LIFE INSURED
_____	_____
is hereby appointed Trustee to receive any payment due on or after the life insured's death to any BENEFICIARY DESIGNATED on this form who is a minor on the date such payment falls due.	

I reserve the right to change this designation of beneficiary.  
The company assumes no responsibility for the validity or effect of this designation.

Signed At (City, Province)	Date Day      Month (Alpha)      Year
_____	____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Signature of Life Insured	
_____	

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