



This beneficiary designation applies to any Basic, Optional Life, Accidental Death and Dismemberment and Death benefit provided under your Collective Agreement for unionized employees/retirees or corporate policy for non-union employees/retirees. These benefits may change over time. **If a beneficiary is not designated the beneficiary will automatically default to the Estate.**

If more than one beneficiary is named, the proceeds will be divided in equal shares unless percentages are specified. If a beneficiary predeceases the member, that beneficiary's share of the proceeds will be divided equally among the surviving beneficiaries. If there are no surviving beneficiaries at the time of the member's death, the proceeds shall be paid to the Contingent Beneficiaries, or if there are none, to the Estate. **You must initial any changes, deletions and/or corrections made to this form. Please note correction fluid (i.e., "White Out") cannot be used.**

<b>Section A: Plan Member Information</b>					
Employee ID	First Name		Last Name		
<b>Section B: Appointment of Beneficiary</b> - I hereby revoke all previous appointments of beneficiaries and declare that the proceeds payable upon my death shall be paid to:					
First Name	Last Name	Date of Birth (D/M/Y)	Relationship	Phone Number	Percentage (must total 100%)
<b>Section C: Appointment of Contingent Beneficiary</b> - A contingent beneficiary would receive proceeds if there are no surviving beneficiaries at the time of death. I revoke all previous contingent beneficiary appointments and appoint the following contingent beneficiaries to receive the proceeds:					
First Name	Last Name	Date of Birth (D/M/Y)	Relationship	Phone Number	Percentage (must total 100%)
<b>Section D: Appointment of Trustee for Minor Beneficiaries (Beneficiaries Under the age of 18)</b> - If you designated a minor as a beneficiary, a trustee must be designated. I revoke all previous appointed trustees and appoint:					
First Name	Last Name	Relationship	Phone Number		
as trustee to receive any proceeds on behalf of any beneficiary hereunder during his or her minority (under the age of 18). I authorize the trustee to apply such proceeds solely for the support, maintenance, education and benefit of such beneficiary at the discretion of the trustee.					
<b>Section E: Notice of Collection of Personal Information</b>					
The City of Hamilton collects information under the authority of section 227 of the Municipal Act, 2001. Any personal information collected on this form will be used by the City of Hamilton, the plan administrator and/or administrators of benefits programs working with the City of Hamilton to administer benefit coverage and determine eligibility. Questions about the collection of this personal information can be directed to Benefits Department, Human Resources, 71 Main St W., Hamilton, ON L8P 4Y5, HR.Benefits@hamilton.ca, 905-546-2424.					
<b>Section F: Authorization</b>					
Plan Member Signature: _____			Today's Date: _____		
<b>Section G: Human Resources Verification (for HR use only)</b>					
Received on: _____		Processed by: _____			

**Original signature is required in order for the designation of beneficiary to be valid. Do not Fax or E-mail form.**

MAIL ORIGINAL COMPLETED FORM TO:  
Benefits Department, Human Resources  
City of Hamilton  
71 Main St. W.  
Hamilton, ON L8P 4Y5