

Beneficiary Designation Form for Policy 4328

Important: You must initial any corrections to the form.
Complete in ink and please print all requested information clearly.

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| AMA # |
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1. Information about the insured person

| | | | | |
|------------|----------------|-----------|----------------------------|-----------------------|
| First name | Middle initial | Last name | Date of birth (dd-mm-yyyy) | Certificate number(s) |
| | | | - - | |

2. a) Your new primary beneficiaries The primary beneficiary receives the benefits under a certificate that are payable when the insured person dies. If there is more than one primary beneficiary and one of the primary beneficiaries dies before the insured person, that beneficiary's benefits are divided equally among the remaining primary beneficiaries.

| Name (first, middle, last, or estate or name of company or trust) | Relationship to the insured person | % shared equally unless otherwise specified |
|--|------------------------------------|---|
| | | % |
| | | % |
| | | % |

2. b) Your new secondary beneficiaries If all the primary beneficiaries die before the insured person, the secondary beneficiary or beneficiaries will receive the benefits payable under the certificate of insurance when the insured person dies.

| Name (first, middle, last, or estate or name of company or trust) | Relationship to the insured person | % shared equally unless otherwise specified |
|--|------------------------------------|---|
| | | % |
| | | % |
| | | % |

3. If the beneficiary is under the age of 18, please name a trustee. (In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian of the minor child.) **I authorize the trustee to receive any payments on behalf of the beneficiary while under the age of 18 and to apply the proceeds solely for the support, maintenance, education and benefit of such beneficiary at the discretion of the trustee.**

| | | |
|------------|-----------|-----------------|
| First name | Last name | Name of company |
| | | |

4. By signing below I confirm that I am revoking all previous primary and secondary beneficiary designations made under this certificate(s) of insurance:

- If I've named new primary beneficiaries above, these will cancel and replace all previous primary and secondary beneficiary and trustee appointments, and optional settlement directions.
- If I've named new secondary beneficiaries above, these will cancel and replace all previous secondary and trustee appointments.

Sign and date here:

| | | | |
|--------------------------------------|--------------------------|------------------|----------------------|
| Signature of the insured person X | Date (dd-mm-yyyy) - - | Signed in (city) | Signed in (province) |
|--------------------------------------|--------------------------|------------------|----------------------|

Please keep a copy of this completed beneficiary change form with your certificate of insurance.

Please return this completed beneficiary change form to:

ADIUM Insurance Services Inc.
CMA Alberta House
12230 106 Avenue NW
Edmonton, AB T5N 3Z1

DC-1202

