



Teachers' Superannuation Commission  
 Room 226, 3085 Albert Street  
 Regina, SK S4S 0B1

**POLICY # 83974**

**GROUP LIFE INSURANCE  
 BENEFICIARY UPDATE FORM**  
*The Teachers' Life Insurance (Government Contributory) Act*

Name (Surname, Given) \_\_\_\_\_ Previous Name(s) (if applicable) \_\_\_\_\_  
 Social Insurance Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Teaching Cert. # \_\_\_\_\_ Sex: M / F

Complete this form to designate either a single beneficiary or multiple beneficiaries who will receive any group life insurance benefits payable under the Teachers' Life Insurance Plan in the event of your death. You are not limited to the choices set out in this form, however, if you wish to make a designation which this form does not accommodate, you should obtain professional advice to ensure that your designation is properly made. If there is no beneficiary to whom the benefits can be paid, the money will be paid to your estate.

**SINGLE BENEFICIARY**

I designate the following as my beneficiary:

Name of Beneficiary	Relationship	Percentage of Payment	Age if Under 19
		100%	

In the event that my beneficiary dies before I do: (choose 1 of the following)

- I designate my estate as my beneficiary.
- I designate the personal representative (include address) of my deceased beneficiary as my beneficiary. \_\_\_\_\_

I designate the following as my Alternate Beneficiary:

Name of Alternate Beneficiary	Relationship	Percentage of Payment	Age if Under 19

If an Alternate Beneficiary predeceases me, the proceeds payable to that beneficiary shall be proportionately distributed to the remaining Alternate Beneficiaries, or to my estate if no Alternate Beneficiaries survive me.

**OR**

**MULTIPLE BENEFICIARIES**

I choose the following persons as my Named Beneficiaries, each to receive the portion of the proceeds indicated:

Beneficiary Number	Name of Beneficiary	Relationship	Percentage of Payment	Age if Under 19

In the event that any Named Beneficiary dies before I do, the proceeds that would have been payable to that beneficiary shall be: (choose 1 of the following)

- paid to my estate.
- proportionately distributed to the remaining Beneficiaries.
- paid to the personal representative (include address) of the deceased beneficiary. \_\_\_\_\_
- paid to the Alternate Beneficiary of the deceased beneficiary as follows: (See other side)

Beneficiary Number	Name of Alternate Beneficiary	Relationship	Age if Under 19

If an Alternate Beneficiary dies before I do, the proceeds that would have been payable to that beneficiary shall be (choose 1 of the following):

- proportionately distributed to the remaining Named Beneficiaries.
- distributed in equal shares to the remaining Alternate Beneficiaries.
- paid to the personal representative and address of the deceased Alternate Beneficiary. \_\_\_\_\_
- paid to my estate.

In the event that any beneficiary is a minor at the date of my death, the proceeds payable to that beneficiary shall be paid to the following person in trust to be used for the benefit of that beneficiary and held until the beneficiary attains the age of majority:

Name of Trustee	Address

The designations in this form revoke and replace any designations that I have previously made under this insurance plan.

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Signature of Witness (other than beneficiary)

\_\_\_\_\_  
Address of Teacher

\_\_\_\_\_  
Province of Residence

\_\_\_\_\_  
Postal Code

Dated in \_\_\_\_\_ on \_\_\_\_\_  
Day/month/year

**TO BE COMPLETED BY SCHOOL BOARD**

Name and No. of School Board \_\_\_\_\_

Date of Employment \_\_\_\_\_

Signature of Authorized Official \_\_\_\_\_

**TO BE COMPLETED BY COMMISSION**

Date of Termination \_\_\_\_\_

Amount of Life Insurance in Effect \_\_\_\_\_

Class 1 – Section 1 (age 65 or under) \_\_\_\_\_

Class 1 – Section 101 (over 65) \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**N.B. PLEASE RETAIN A COPY FOR YOUR FILE AND SUBMIT THE ORIGINAL TO TEACHERS' SUPERANNUATION COMMISSION. ORIGINAL WILL BE RETAINED ON FILE TO SUPPLY TO THE CARRIER IN THE EVENT OF A CLAIM.**

Inquiries about the Teachers' Group Life Insurance Plan may be directed to Cindy Mucha at 787-9195 or 1-877-364-8202.