



## Beneficiary Designation Form

### Section 1: General Instructions

This form designates your beneficiary for your Personal Accident Insurance with AssurePro Insurance Company Limited.

We recommend you review your beneficiary information when life-changing events occur and make any necessary changes.

This form must be completed in full, signed, dated, witnessed and returned to AssurePro at this address:

AssurePro Insurance Company  
200 Albert St. North  
Regina, SK S4R 5E2

### Section 2: Member Information

Member Name: \_\_\_\_\_  
*(first name, last name)*

Membership Number: 620 286 \_\_\_\_\_  
*(full 16 digit number)*

### Section 3: Beneficiary Designation

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: SK Postal Code: \_\_\_\_\_

If multiple beneficiaries, specify percentage: \_\_\_\_\_%

*When assigning multiple beneficiaries, write their information (specify % each is to receive) on the back of this form.*

### Section 4: Signature

I acknowledge that I have read and understand the information provided with this beneficiary designation form. I understand that if I survive the designated beneficiary the benefits payable will be paid to my estate.

Witness Signature: \_\_\_\_\_ Member Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(First and last/print clearly) (day, month, year)*