



Beneficiary Designation Form

Section 1: General Instructions

This form designates your beneficiary for your Personal Accident Insurance with AssurePro Insurance Company Limited. Please provide your Membership number for proper identification.

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: Required Member Information

Membership Number: 620 286 _____
(full 16 digit number)

Member Name: _____
(First and last/print clearly)

Section 3: Beneficiary Designation

First Name: _____ Last Name: _____ Relationship _____

Address: _____ City/Town _____

Province: _____ Postal Code: _____

If multiple beneficiaries, specify percentage: _____ %

When assigning multiple beneficiaries, write their information on the back of this form and specify percentage each is to receive.

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 _____
(First and last/print clearly)

Date: _____
(day, month, year)