



Beneficiary Designation Change Form

Section 1: General Instructions

This form designates the beneficiary of 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 Limited
200 Albert St. N.
Regina, SK S4R 5E2

Section 2: Member Information

Member Name: _____

Membership Number: _____
(full 16 digit number)

Section 3: Beneficiary Designation

Current Beneficiary if additional beneficiaries have been listed, record their names on the back of this form:

First Name: _____ Last Name: _____ Relationship: _____

Address: _____ City/Town: _____

Province: SK Postal Code: _____ If multiple beneficiaries, specify percentage: _____%

Change to:

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 change in beneficiary designation. 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)