



EMPLOYEE BENEFITS LTD.

Change of Beneficiary

A & W REGIONAL FRANCHISE ASSOCIATION

Employee's Surname	First Name	Middle Initial	Policy Contract Number	Social Insurance Number
Name of Employer				
Name of Beneficiary	Beneficiary's Relationship to Insured		Beneficiary's Country of Residence	
I hereby revoke all previous beneficiary appointments and dispositions and designate the above beneficiary if living, otherwise my executors or administrators to receive any amount due on my death while insured under this group policy. I reserve the right to change the beneficiary named above.				
Signature of Witness _____		Signature of Insured _____		
Dated at _____ this _____		day of _____		
City, Province		Day	Month	Year
Declaration Appointing Trustee <i>(Complete only if Beneficiary is under legal age)</i>				
I hereby appoint _____				
Surname		First Name		Initial
As Trustee to receive any amount due to any beneficiary under legal age and declare the receipt of such Trustee shall be a good discharge to SUN LIFE for the amount so paid.				
And I hereby authorize such Trustee, within his/her discretion, to spend all or any portion of such amount and/or the income therefrom for the maintenance or education of such minor.				
Signature of Witness _____		Signature of Insured _____		
Dated at _____ this _____		day of _____		
City, Province		Day	Month	Year

Please TYPE or PRINT clearly in ink

Please complete and return by Fax or Mail to:

HMR EMPLOYEE BENEFITS LTD.
220-2186 Oak Bay Ave.
Victoria, BC
V8R 1G3
Tel: (250) 592-4614
Toll Free: 1-888-592-4614
Fax: (250) 592-4953