THE SELF-INSURED DEATH BENEFIT PLAN

APPOINTMENT OF BENEFICIARY

MEMBER

Name _____
(Please Print) (Last Name) (Given Names in full)

Diocese _____

Social Insurance Number _____

BENEFICIARY

- ***Name*** _____
  (Please Print) (Last Name) (Given Names in full)
  Address _____

  _____

  Relationship to Insured _____

OR

- ***Estate*** ☐ Yes

_____
Signature of Witness Signature of Member Date

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If this form is not completed, any death benefits payable under the Plan will automatically be paid to the estate.