

# Employees with Minor Beneficiaries

Please print clearly in ink. Card will be returned if not fully completed.

Name of Policyholder	Policy No.	Division No.	Certificate No.
Employee's Last Name	First Name	Initials	Social Insurance No.

I appoint (full name) \_\_\_\_\_ as Trustee to receive any amount payable to a minor beneficiary under this policy. The Trustee shall discharge the Insurer for the amount paid. I authorize the Trustee, to spend all or part of the amount, or interest earned on it, for the support or education of the minor.

Dated at \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_.

Employee's Signature: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_