

Saskatchewan Teachers' Group Life Insurance Beneficiary Update Form

The Teachers' Life Insurance (Government Contributory) Act.

POLICY # 83974

Insured Member			
<input type="checkbox"/> Active Teacher <input type="checkbox"/> Superannuate		<input type="checkbox"/> New Enrolment <input type="checkbox"/> Beneficiary Change	
Last Name		First Name	
Social Insurance Number		Date of Birth (MM/DD/YYYY)	
Name of Beneficiary (Proportion must equal a combined total of 100%)			
Beneficiary Name	Relationship	Proportion (%)	Date of Birth (MM/DD/YYYY) if under 19
Beneficiary Name	Relationship	Proportion (%)	Date of Birth (MM/DD/YYYY) if under 19
Beneficiary Name	Relationship	Proportion (%)	Date of Birth (MM/DD/YYYY) if under 19
Name of Alternate Beneficiary (In the event primary beneficiary(ies) are deceased. Proportion must equal a combined total of 100%)			
Beneficiary Name	Relationship	Proportion (%)	Date of Birth (MM/DD/YYYY) if under 19
Beneficiary Name	Relationship	Proportion (%)	Date of Birth (MM/DD/YYYY) if under 19
Beneficiary Name	Relationship	Proportion (%)	Date of Birth (MM/DD/YYYY) if under 19
Trustee			
In the event that any beneficiary is a minor at the date of my death, the proceeds payable to that beneficiary shall be paid to the following person in trust to be used for the benefit of that beneficiary and held until the beneficiary attains the age of majority. (Not applicable if the Plan Member is a resident of the Province of Quebec).			
Name of Trustee		Address of Trustee (Street, City, Province and Postal Code)	

If no beneficiary designated herein survives me, the benefits payable on and after my death are to be paid, subject to the rights of any assignee or beneficiary for value, to my estate. To the fullest extent permitted by the laws applicable, I reserve the right to change or revoke this designation of beneficiary.

Signature of Teacher

Signature of Witness (other than beneficiary)

Dated in _____

(City/Town)

On _____

(Date MM/DD/YYYY)

Address of Teacher (Street Name & Number or PO Box Number)

City

Province

Postal Code

To be completed by School Division

- For active teachers, please ensure this section is completed by your School Division prior to submitting to the Teachers' Superannuation Commission.
- For superannuates, this section is not required.

Name and No. of School Division

Date of Employment (MM/DD/YYYY)

Signature of Authorized Official

To be completed by the Teachers' Superannuation Commission

Date of Termination (MM/DD/YYYY)

Amount of Life Insurance in Effect

Class 1 – Section 1 (age 65 or under)

Class 1 – Section 101 (over 65)

Signature of Authorized Official

Date (MM/DD/YYYY)

Please retain a copy for your file and **submit the original** to the Teachers' Superannuation Commission at Room 129, 3085 Albert Street, Regina SK S4S 0B1.

Original will be retained on file at the commission to provide to the insurance carrier in the event of a claim.

Inquiries about the Teachers' Group Life Insurance Plan may be directed to the Plan Administrator at 306-787-9025 or 1-877-364-8202.