SHEET METAL WORKERS (LOCAL 280) HEALTH BENEFIT PLAN
6192 KINGSWAY BURNABY BC V5J 1H5

DESIGNATION OF BENEFICIARY

<mark>PLEASE COMPLETE IN INK. IF YOU MAKE A CORRECTION - DO NOT USE WHITE OUT; CROSS OUT AND INITIAL ALL CHANGES</mark>

1. MEMBER INFORMATION

ID #	FULL LEGAL NAME

2. BENEFICIARY DESIGNATION

Because you are insured under both a **(1)** Group Life Insurance Policy issued to the Sheet Metal Workers (Local 280) Health Benefit Plan and **(2)** Group Accidental Death & Dismemberment Policy, you are entitled to designate a beneficiary for benefits that may be payable through those arrangements on your death.

FULL LEGAL NAME	RELATIONSHIP	ENTITLEMENT (%)
(A)		%
(B)		%
(C)		%
(D)		%
(E)		%

If your beneficiary is a minor (under age 19) name an adult Trustee below. If you do not appoint a Trustee, the benefit will be paid to the Public Guardian and Trustee's Office.

A+B+C+D+E
MUST EQUAL
100%

TRUSTEE FIRST NAME	TRUSTEE LAST NAME	TRUSTEE PHONE NUMBER

TRUSTEE E-MAIL	TRUSTEE ADDRESS

CONTACT THE PLAN OFFICE IF YOU NEED MORE SPACE TO DESIGNATE BENEFICIARIES OR IF YOU WANT TO CHANGE THE DESIGNATIONS

3. DECLARATIONS AND APPLICATION

(a) I certify that the information provided on this form is correct and can be relied upon by the Plan

(b) I understand that if I survive all my designated beneficiaries (they all pre-decease me), any benefit payable from the Plan will be paid to my Estate

(c) I reserve the right to change this beneficiary at any time

(d) I understand and agree that this designation overrides any prior designation

(e) I agree to the collection, use and disclosure of my personal information as is reasonably required by the Plan's Trustees to administer the Benefits

(f) If I am entitled to receive documents or information from the Plan, I consent to receiving electronic copies

_____
MEMBER SIGNATURE

_____
DATE