

Date: \_\_\_\_\_

Account No.: \_\_\_\_\_

**NOMINATION OF BENEFICIARY (IES)**

*Kindly note that minors can be nominated as beneficiaries, however, in the event of claims, funds will only be accessible to such individuals after completing the legal age of 18 years.*

<b>BENEFICIARY:</b>		Date of Birth:	
Address:		Relationship:	
Town/City/District		Percent:	
Telephone:		%	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> N/A		
<input type="checkbox"/> Adult <input type="checkbox"/> Minor	Member of LICU: <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>BENEFICIARY:</b>		Date of Birth:	
Address:		Relationship:	
Town/City/District		Percent:	
Telephone:		%	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> N/A		
<input type="checkbox"/> Adult <input type="checkbox"/> Minor	Member of LICU: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Address:		Relationship:	
Town/City/District		Percent:	
Telephone:		%	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> N/A		
<input type="checkbox"/> Adult <input type="checkbox"/> Minor	Member of LICU: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Address:		Relationship:	
Town/City/District		Percent:	
Telephone:		%	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> N/A		
<input type="checkbox"/> Adult <input type="checkbox"/> Minor	Member of LICU: <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>BENEFICIARY:</b>		Date of Birth:	
Address:		Relationship:	
Town/City/District		Percent:	
Telephone:		%	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> N/A		
<input type="checkbox"/> Adult <input type="checkbox"/> Minor	Member of LICU: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Attendant	Signature	Primary Owner	Signature
		Joint Owner 1	Signature
Justice of the Peace	Stamp or Seal	Joint Owner 2	Signature