

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.

BENEFICIARY:		Date of Birth:	
Address:		Relationship:	
Town/City/District		Percent: SS	Percent: LP/LS
Telephone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Minor	%	%
Comments:		Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> other	
		Member of LICU: No Yes	Acct Num:

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Address:		Relationship:	
Town/City/District		Percent: SS	Percent: LP/LS
Telephone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Minor	%	%
Comments:		Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> other	
		Member of LICU: No Yes	Acct Num:

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		Member of LICU: <input type="checkbox"/> No <input type="checkbox"/> Yes	Acct Num:

		_____ Primary Owner	_____ Signature
_____ Attendant	_____ Signature	_____ Joint Owner 1	_____ Signature
_____ Witness	_____ Witness	_____ Joint Owner 2	_____ Signature