## **BENEFICIARY DESIGNATION FORM**

Life Insurance Company of North America (a Cigna Company)



Employer Name	TeleTech Canada Inc.				
Employee Name			Employee ID #		
Employee Name		_City	Province	Postal Code	
Home Phone	Work Phone _		please enter	all dates in mm/dd	yyyy format/
Primary and Conting surviving beneficiaries surviving primary betare paid to the survivideneficiary who dies	gent Beneficiaries – Unlesses in equal shares. Proceeds neficiaries. If you designate cong contingent beneficiaries in before the insured will be dividually or contingent).	s you designate are paid to co entingent benefi n equal shares	e a percentage, procee ontingent beneficiaries o iciaries and do not desig . Unless otherwise prov	ds are paid to prin only when there an nate percentages, vided, the share of	nary re no proceeds a
	e all previous beneficiary de				(ies).
Basic Term Life Insu	rance, Life Insurance Comp	pany of North	America - Policy No. S		l
Employee's Primary Bene	ficiary(ies):	F	Relationship	Date of Birth	% (total must equal 100%)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del>-</del>		Of Birth	
				Date	% (total must
Employee's Contingent Be	eneficiary(ies):	F	Relationship	of Birth	equal 100%)
Optional Term Life II	nsurance, Life Insurance Co	mpany of Nor	th America - Policy No.		l
Employee's Primary Beneficiary(ies):		Relationship	Date of Birth	% (total must equal 100%)	
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del>-</del>		Of Birth	
				Date	% (total must
Employee's Contingent Beneficiary(ies):		F	Relationship	of Birth	equal 100%)
Optional Term Life Insurance, Life Insurance Company of North America - Policy No. SGM-605939					
Spouse's Primary Benefic	iary(ies):	F	Relationship	Date of Birth	% (total must equal 100%)
opouse 31 milary Beliene	iai y(ics).	•	tolationip	OI BIITII	equal 10070)
				Date	% (total must
Spouse's Contingent Beneficiary(ies):		F	Relationship	of Birth	equal 100%)
Basic Accident Insu	rance, Life Insurance Comp	any of North A	merica - Policy No. So	OK-604154	I
Employee's Primary Bene	ficiory/ice).	Polotion ship	Date	% (total must	
Employee a Filliary Bene	noiai y(165).	'	Relationship	of Birth	equal 100%)
				Date	% (total must
Employee's Contingent Beneficiary(ies):		I	Relationship	of Birth	equal 100%)
					<u> </u>

Note: This form is not complete without your signature. Please sign the form where indicated.

## Cigna and Individual Privacy

The privacy and protection of personal information is important to Cigna, its affiliates and subsidiaries. As a provider of financial services, the collection and use of personal information is fundamental to Cigna's day-today operations. When you apply for coverage we establish a confidential file which is kept secure in the offices or organizations authorized by Cigna. You may exercise certain rights of access and ask for correction of any personal information in your file that is inaccurate. Personal information will only be accessible to Cigna employees, representatives and authorized administrators, who require access in the performance of their duties. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan.

## **GUIDELINES FOR DESIGNATION OF BENEFICIARIES**

**General** - Please be sure to include the beneficiary's full name and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

**Minors** - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of a lawyer in drafting your beneficiary designation.

**Trust as Beneficiary** - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

**Life Status Changes** - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

**Irrevocable Beneficiary -** If a beneficiary designation is irrevocable, then the signature of the irrevocable beneficiary is required for any changes, including a change of beneficiary. With one exception, designations are revocable unless specified irrevocable. In Québec, a designation in favour of a spouse is irrevocable unless specified otherwise.

**See a Lawyer!** The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of a lawyer in drafting your beneficiary designation. A qualified lawyer can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.