



# BC REGIONAL COUNCIL OF CARPENTERS FUND & BC CARPENTERS FUND

## LIFE INSURANCE GROUP ENROLLMENT FORM

**Applicant – Complete this section**

Surname	First Name	Initial	SIN	Sex <input type="checkbox"/> F <input type="checkbox"/> M
Street Address			City	Province
Email Address:		Birth Date Mo / Day / Yr	Postal Code	

**BENEFICIARY DESIGNATION**

**I designate as revocable beneficiary in the event of my death:**

\_\_\_\_\_ %  
 (Full legal name of Beneficiary) (Relationship to employee) (Share of proceeds)

\_\_\_\_\_ %  
 (Full legal name of Beneficiary) (Relationship to employee) (Share of proceeds)

**ALTERNATE BENEFICIARY DESIGNATION**

\_\_\_\_\_ %  
 (Full legal name of Beneficiary) (Relationship to employee) (Share of proceeds)

\_\_\_\_\_ %  
 (Full legal name of Beneficiary) (Relationship to employee) (Share of proceeds)

**Trustee Designation (Complete only if Beneficiary is under age 18):**

I appoint as revocable Trustee to receive any amount which may be due to my beneficiary, while such beneficiary is a minor:

Full Legal Name of Trustee: \_\_\_\_\_

I agree to the conditions of the contract between the BC Regional Council of Carpenters Fund and the BC Carpenters Fund and the insurance company. The personal information willingly provided by me to the independent broker and/or Insurer, collected on this application and held in their files will be used by them for the purposes of underwriting, servicing, administration, claims processing and adjudication related to this application, the Group Insurance Policy, and supplementary documents and all benefits under the Group Insurance Policy. The information on file is accessible to authorized employees, representatives, reinsurer(s) and independent contractors of the Insurer, or any other person or party whom I authorize. Consent is granted for the collection of additional information for the purposes of maintaining or enhancing this insurance, assess claims made hereunder, ensure accuracy, completeness and that information is up-to-date.

I hereby certify all the information provided on this form is complete, current and accurate. I authorize the use of my S.I.N. for identification purposes and designate the beneficiary as stated above.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_