

DESIGNATION OF BENEFICIARY

Complete this form to designate a beneficiary or to change status of existing information. Please return this form to: MDM Insurance Services Inc., P.O. Box 970, Guelph, ON, N1H 6N1.

Privacy Statement

MDM Insurance Services Inc. ("MDM") is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

Before using this form, you should satisfy yourself that the completion thereof will carry out your intentions as MDM is not responsible for the validity or effect of any designation made under this form.

A. EMPLOYEE INFORMATION

Name:	Group No.	Class No.
Name of Employer:		

B. BENEFICIARY DESIGNATION

I, _____, do hereby revoke all previous beneficiary designations under the Policy and declare that all benefits payable under the Policy after my death shall be paid to:

Primary Beneficiary(ies) - in equal shares unless other percentage indicated		
Name(s)	Relationship(s)	% Share
_____	_____	_____
_____	_____	_____

In the event the Primary Beneficiary(ies) predeceases the employee, the following Contingent Beneficiary(ies) shall be entitled to the benefits:

Contingent Beneficiary(ies) - in equal shares unless other percentage indicated		
Name(s)	Relationship(s)	% Share
_____	_____	_____
_____	_____	_____

In the event all beneficiaries predecease the employee, benefits shall be paid to the employee's estate.

Policy proceeds cannot be paid to a minor. If a minor is named as a beneficiary, you should name a trustee. If naming a trustee, you may want to consider creating a trust agreement or referencing an existing trust agreement.

Trustee: _____ Relationship to Employee: _____

C. EMPLOYEE SIGNATURE

Signed this: _____ day of _____, _____.

Employee: _____ Witness: _____
(Must be witnessed by someone other than beneficiary)