



Beneficiary Designation

Assigning a beneficiary for insurance is an important step. The following information will provide you with some guidelines.

Designating a Beneficiary:

If you wish to designate one or more beneficiaries, you can do so on the Beneficiary Form by stating the beneficiary's full name and relationship to you.

Forms must be completed, dated signed and returned to our Plan Administrator AGA Benefits Solutions 301E-675 Cochrane Drive, Markham, ON L3R 0B8 or by email at benefitsoffilm@aga.ca. You must initial any changes or alternations to the designation, no matter how small; correction fluid cannot be accepted.

You may designate a beneficiary:

- Any person
- Any registered charitable or benevolent organization or institution (name and registration number of the institution are required);
- Any religious or educational organization (name is required);
- Your estate; or
- A trust (in Quebec, the trust must be formally established).

Designating an estate:

If you are designating your estate as beneficiary, the following should be considered:

- Insurance proceeds payable to the estate are subject to claims from creditors, whereas proceeds payable to a named beneficiary may, in some cases, be protected from creditors.

Designating a minor child as beneficiary in Quebec:

In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf. If you wish to make provisions for an administrator or trustee to administer a minor child's money, you can do so in a will and designate the trustee as the beneficiary. It is recommended that you consult with legal counsel to determine the estate planning steps you should take.

Designating a minor child as a beneficiary in all other provinces:

In all provinces, other than Quebec, if the member designates a minor child as a beneficiary, as trustee should be designated. If no trustee is named, proceeds may be paid into court.

Revocable and Irrevocable Beneficiaries

A revocable beneficiary means that you are free to change the beneficiary designation at any time.

A beneficiary designation is assumed to be revocable, unless specifically designated as irrevocable except in Quebec, where the designation of a legal spouse (married or civil union) as beneficiary is irrevocable, unless specifically designated as revocable (this exception does not apply to a common law spouse).

An irrevocable beneficiary means you cannot change the designation without meeting specific requirements (see Changing a Beneficiary Designation below).

Changing a Beneficiary Designation

If the beneficiary designation is revocable:

- A new Beneficiary Form must be completed, dated and signed by you and sent to AGA Benefit Solutions.

If the beneficiary designation is irrevocable:

- A new Beneficiary Form must be completed, dated and signed by you, plus you must also submit one of the following documents, depending on the situation:
 - Consent by beneficiary Form, signed by the irrevocable beneficiary, revoking their rights; or
 - Divorce Certificate (in Quebec, a divorce granted after December 1st, 1982 automatically cancels the designation of the spouse as beneficiary, even if irrevocable); or
 - Proof of death of the irrevocable beneficiary.

More about beneficiary designations

Designating one beneficiary:

To designate one beneficiary, you must indicate the beneficiary's name and their relationship to you on the beneficiary Form.

Designating more than one beneficiary:

To designate more than one beneficiary, you must indicate on the Beneficiary Form each beneficiary's name, relationship to you and percentage allocated. The total of the designated percentages must be equal 100%. If percentages are not indicated, an event split will be made between beneficiaries.

If a beneficiary predeceases you, the deceased beneficiary's portion of the death benefit will be paid to your estate. Remaining percentages will be paid as listed on the beneficiary forms.

Quebec residents:

In the case of an even split between beneficiaries, the percentage allocated to the deceased beneficiary will be divided equally among the surviving beneficiaries. In the case of an uneven split, the deceased beneficiary's portion of the death benefit will be paid to your estate. Remaining percentages will be paid as listed on the beneficiary forms.

- In some instances, a will must be probated and the costs will vary from province to province. These costs are not incurred if proceeds are payable to a named beneficiary. Probate is not required for a notarial will in the province of Quebec.

When no beneficiary has been designated:

Proceeds will be paid to the member's estate. A properly constituted and current will should be submitted with any claim to avoid delays in processing with the executors or liquidators of the estate.



GROUP BENEFITS BENEFICIARY FORM



Member Name	<div style="display: flex; justify-content: space-between; font-size: small; margin-top: 10px;"> First Middle Init. Last </div>	Union ID #
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I HEREBY REVOKE MY PREVIOUS BENEFICIARY DESIGNATIONS UNDER THE IATSE LOCAL 891 EMPLOYEE LIFE AND HEALTH TRUST AND DESIGNATE THE FOLLOWING AS BENEFICIARY(IES).

	First name	Middle Initial	Last name	Relationship	Date of Birth	%
BENEFICIARY DESIGNATION If you do not designate a beneficiary, payment of your benefits will be made to your ESTATE. You may change this beneficiary designation at any time with written notice to AGA Benefit Solutions.						
<p>FOR QUEBEC RESIDENTS: Where Quebec law applies and you have designated your married or civil union spouse as beneficiary, the designation will be irrevocable unless you check the box marked "Revocable", below.</p> <p>I hereby make the above beneficiary designation: <input type="checkbox"/> Revocable, I may change this beneficiary designation at any time.</p>						
<p>TRUSTEE DESIGNATION: Complete only if designating a beneficiary who is a minor. It is recommended that you consult with a legal advisor, and with anyone you name as trustee/administrator. The designating of a trustee through this form may not be sufficient to create a trust. Please consult a legal advisor in this matter.</p> <p>For Quebec Residents Only – Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity will be paid to his/her tutor(s), unless a valid trust has been established for the benefit of the beneficiary, by Will or by separate contract, to receive any such payment and the Plan Administrator has been provided notice of the trust. If a valid trust has already been established, designate the trust as the beneficiary in this section.</p>						
Trustee full name				Relationship		

Protecting Your Personal Information	<p>At AGA Benefit Solutions, the personal information we collect concerning you and your dependents is kept in strict confidence and used only for the purposes you have authorized. Your personal file will be kept at AGA Benefit Solutions (AGA) offices. You have the right to request access to your personal information and, if necessary, correct any inaccurate information and/or make changes to current information whenever necessary. In order to do so, send a written request to AGA Benefit Solutions., 675 Cochrane Drive, Suite 301E, Markham, ON, L3R 0B8.</p> <p>Access to your personal information will be limited to AGA's employees and providers in the performance of their jobs, individuals to whom you have consented access, and persons authorized by law. For the purposes of audits and administrative reporting, AGA may release your Policyholder statistical financial information without personal identifiers.</p>
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Authorization This section MUST be signed and dated in INK by the plan member	<p>I HEREBY APPLY for the benefits which I am or may become eligible for, subject to any waiver indicated, under my Policyholder's group insurance plan and CONFIRM that the information contained in this form is true and complete to the best of my knowledge.</p> <p>If applying for benefits for my dependents, I CONFIRM THAT I AM AUTHORIZED to disclose information concerning them for the purpose of determining their eligibility for coverage.</p> <p>On behalf of myself and my dependents, I CONSENT TO THE RELEASE of the information contained in this form to my Policyholder and AGA Benefit Solutions, its employees, and the insurer(s) of the group insurance plan, their reinsurers and their service providers for the purpose of administration, claims processing and the enrolment of myself and my dependents in my Policyholder's group insurance plan.</p>
Member Signature:	Date Signed:

Return this form to: AGA Benefit Solutions. 301E-675 Cochrane Drive, Markham, ON, L3R 0B8, or email us benefitsoffilm@aga.ca For any questions call 1-800-218-7018