

Please print clearly and complete this form in INK. Sections 1 & 2 are to be completed by the plan administrator and sections 3 through 7 are to be completed by the plan member, for applicable changes. The plan administrator should keep a copy of the completed form for their records and send the **original** to The Great-West Life Assurance Company. For self-administered plans, GroupNet clients who maintain their own plan members' records and *ClientEL* administered plans: the plan administrator should attach this form to the plan member's application.

For GWL Head Office Use Only

GWL Certificate Number

1. General Enrollment Information	Plan number: <u>20414GL</u> Plan: <input type="checkbox"/> A or <input type="checkbox"/> B School District No.: _____ Plan sponsor: <u>BCTF / BCSTA</u> Plan member name: _____ Plan member SIN: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> last name first name middle initial </div>												
2. Reinstatement This information will be used to re-enroll the plan member in the group benefits plan.	Plan member returned to work on: Month _____ Day _____ Year _____ Reason for reinstatement (E.g., return from leave of absence, return from lay-off) _____												
3. Plan Member Name Change	From: _____ To: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> last name first name middle initial last name first name middle initial </div>												
4. Beneficiary Designation Change This section must be completed to change the designated beneficiary or beneficiaries for your life benefits. The original of this form will be required for a life claim. Crossed out beneficiary designations must be initialed. Please print clearly, in INK.	Beneficiary Designation I hereby revoke all previous beneficiary designations and designate the following as beneficiary(ies): <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Beneficiary's name(s)</th> <th style="text-align: center; border-bottom: 1px solid black;">Percent allocated</th> <th style="text-align: center; border-bottom: 1px solid black;">Relationship to plan member</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black; font-size: small;">last name first name middle initial</td> <td style="border-bottom: 1px solid black; width: 15%;"></td> <td style="border-bottom: 1px solid black; width: 15%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; font-size: small;">last name first name middle initial</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; font-size: small;">last name first name middle initial</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table> <p>To be divided as follows: <input type="radio"/> As per the percentages indicated above, or <input type="radio"/> In equal shares to the survivor(s)</p> <p>You may change this beneficiary designation at any time upon notice to Great-West Life. If you wish to make the beneficiary designation irrevocable (meaning you may not change the designation or make certain changes to your coverage under the plan without the written consent of the beneficiary) please complete form #M6348 BIL. If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing form #M6242 BIL. This appointment may not be suitable for all purposes.</p> <p>If you are designating a trustee/administrator, we recommend you consult with a legal advisor, and with any proposed trustee/administrator.</p>	Beneficiary's name(s)	Percent allocated	Relationship to plan member	last name first name middle initial			last name first name middle initial			last name first name middle initial		
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last name first name middle initial													
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5. Current Beneficiary Name Change Complete if a current beneficiary has had a legal change of name.	From: _____ To: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> last name first name middle initial last name first name middle initial </div> Relationship to plan member: _____												
6. Privacy This section explains Great-West Life's commitment to privacy.	Protecting Your Personal Information At The Great-West Life Assurance Company (Great-West Life) , we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We use the personal information to determine your eligibility for coverage and to administer the group benefits plan.												
7. Authorizations and Declarations This section must be signed and dated in INK by the plan member.	Authorizations and Declarations I hereby apply for coverage under the group benefits plan issued by Great-West Life. I authorize: <ul style="list-style-type: none"> my plan sponsor to deduct from my pay and remit to Great-West Life the plan member contributions required under the plan, if applicable; Great-West Life to use my social insurance number for tax reporting purposes and as an identification number where it is required in the administration of the plan; Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life to exchange personal information, when necessary to determine my eligibility for coverage and to administer the plan. <p>I agree that a photocopy or electronic copy of this <u>Authorizations and Declarations</u> section is as valid as the original.</p> <p>I certify that the information given is true, correct and complete to the best of my knowledge.</p> <p>Plan member signature: _____ Date: _____</p>												

Plan administrator signature: _____ Date: _____