



Unistar Benefit Solutions Inc.
850, 10655 Southport Road SW
Calgary, Alberta T2W 4Y1
Phone (403) 297-0250
Toll Free: (800) 292-9066
Fax: (403) 269-3939

**CHANGE OF IRREVOCABLE
BENEFICIARY CONSENT**

The plan administrator should keep a copy of the completed form for their records and send the original to Unistar Benefit Solutions Inc.

Enrollment Information: Please print clearly and complete this form IN INK.

Plan No.: _____ Div. No.: _____ ID No.: _____
Employer: _____
Employee Name: _____
(last name) (first name) (initials)

Consent: This section must be signed and dated IN INK by the irrevocable beneficiary.

I, the undersigned irrevocable beneficiary under the above mentioned plan, hereby consent to my removal as irrevocable beneficiary and relinquish and release all rights and interest to any proceeds payable upon the death of the person insured.

For Quebec Applicants: I request that this form be in English.
Je demande que ce formulaire me soit remis en anglais.

Signature of Beneficiary : _____ Date : _____

Name of Beneficiary : _____
(last name) (first name) (initials)

Privacy: Protecting Your Personal Information:

At Unistar Benefit Solutions Inc., 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 Unistar Benefit Solutions Inc. or the offices of an organization authorized by Unistar Benefit Solutions Inc. We limit access to personal information in your file to Unistar Benefit Solutions Inc. staff or persons authorized by Unistar Benefit Solutions Inc. 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 administer the group benefits plan.