



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

TRUSTEE APPOINTMENT

Please print clearly and complete this form, in INK.

General Enrollment Information:

Plan number: _____ Div. No.: _____ ID No.: _____

Employer: _____

Employee name: _____
last name first name middle initial

Trustee Appointment: Do not complete this section if you have made another trustee/administrator appointment.

If designating a beneficiary who is a minor or who lacks legal capacity, you may wish to appoint a trustee/administrator by completing this section.

I hereby appoint the following trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group plan where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will release Unistar Benefit Solutions Inc. from further liability. The trustee shall act prudently and may use the money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary. The trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time, the trustee shall deliver to the beneficiary all assets held in trust.

Trustee last name first name middle initial

FOR QUÉBEC ONLY

Where this appointment is governed by Québec law, "trustee" shall be understood as "administrator", and their related terms and concepts understood accordingly. This appointment shall be interpreted in accordance with the provisions governing the administration of the property of others, under the Québec Civil Code.

Privacy: Protecting Your Personal Information

At Unistar Benefit Solutions Inc., we recognize and respect every individual's right to 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 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 this information to administer the group benefits plan.

Authorizations and Declarations: This section must be signed by the plan member.

I authorize Unistar Benefit Solutions Inc., any healthcare provider, my plan administrator, other insurance companies, or benefit providers working with Unistar Benefit Solutions Inc. to exchange information, when necessary to administer the group benefits plan.

I agree that a photocopy or electronic copy of this Authorizations and Declarations Section is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

If my social insurance number is used as my certificate number, I authorize use for the identification and administration of my group benefits.

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

Employee signature: _____ **Date:** _____