

GROUP POLICY NO.: _____

CERTIFICATE NO.: _____

INSURED'S NAME: _____
(in block letters)

ASSOCIATION OF POSTAL
OFFICIALS OF CANADA

- IRREVOCABLE
- REVOCABLE

CHANGE OF BENEFICIARY

I, the undersigned, do hereby revoke any previous designation of beneficiary with respect to this Group policy Certificate and give notice to the ASSOCIATION OF POSTAL OFFICIALS OF CANADA that, within the terms of this Group policy and subject to the laws respecting such changes, I hereby appoint:

BENEFICIARY THE DESIGNATION OF ANY BENEFICIARY IS REVOCABLE UNLESS OTHERWISE STIPULATED

MY ESTATE OR

FAMILY NAME GIVEN NAME MAIDEN NAME

ADDRESS

RELATIONSHIP TO INSURED

DATE OF BIRTH (if beneficiary is a minor)

Dated at _____ this _____ day of _____ 20 _____

(Signature of Witness)

(Signature of Insured)

(name of Witness in block letters)

SEE OVER ENGLISH