

GROUP POLICY NO.: _____
CERTIFICATE NO.: _____
INSURED'S NAME: _____
(in block letters)

ASSOCIATION OF POISTAL
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