

Beneficiary Designation Form

Section 1: General Instructions

This form designates your beneficiary for your Personal Accident Insurance with AssurePro Insurance Company Limited.

We recommend you review your beneficiary information when life-changing events occur and make any necessary changes.

This form must be completed in full, signed, dated, witnessed and returned to AssurePro at the following address:

AssurePro Insurance Company
200 Albert St North
Regina, SK S4R 5E2

Section 2: Personal Information

Insured Name: _____
(first name, last name)

Policy Number: _____

Section 3: Designation

First Name: _____ Last Name: _____ Relationship: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____

Section 4: Signature

I acknowledge that I have read and understand the information provided with this beneficiary designation form. I understand that if I survive the designated beneficiary the benefits payable will be paid to my estate.

Witness: _____

Insured Signature: _____

Date: _____
(day, month, year)