

Beneficiary Designation Change Form

Section 1: General Instructions

This form designates the beneficiary of 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:

Insurance Services Manager
Assurepro Insurance Company
200 Albert St. N.
Regina, SK S4R 5E2

Section 2 - Personal Information

Insured Name: _____

Policy Number: _____

Section 3 - Beneficiary Designation

Current Beneficiary: _____

First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Change to:

First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Relationship: _____

Section 4 - Signature

I acknowledge that I have read and understand the information provided with this change in beneficiary designation. 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)