

Please send a completed form to:
10009 108 Street NW
Edmonton, AB T5J 3C5
Fax: 780-498-3540

Telephone: 780-498-8000 or 1-800-661-6995

Note to plan member: if your current beneficiary designation is **irrevocable** and you wish to change the beneficiary designation, the irrevocable beneficiary must consent to waive their rights by completing this form.

After this form is completed and received by Alberta Blue Cross, you may change your beneficiary designation by completing a *Beneficiary Designation* form.

1. PLAN MEMBER INFORMATION			
Group number and section		Member's ID number	
Member's last name	Member's first name and middle initials		Member's birth date (YYYY-MM-DD)

2. WAIVER OF RIGHTS BY IRREVOCABLE BENEFICIARY																				
<p>If you are named as an irrevocable beneficiary, the plan member requires your consent to change the beneficiary designation.</p> <p>Only complete the following if you are an irrevocable beneficiary:</p> <p>Irrevocable beneficiary</p> <table> <tr> <td>Last name</td> <td>First name</td> <td>Middle initials</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>I, the undersigned, having been named as an irrevocable beneficiary of the proceeds payable upon the death of the above-named plan member, and being of majority age, hereby release all of my rights, titles and interests as beneficiary with respect to the said plan.</p> <table> <tr> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>Irrevocable beneficiary signature</td> <td>Date (YYYY-MM-DD)</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Witness signature</td> <td>Witness printed name</td> <td>Date (YYYY-MM-DD)</td> </tr> </table>			Last name	First name	Middle initials	_____	_____	_____	_____	_____		Irrevocable beneficiary signature	Date (YYYY-MM-DD)		_____	_____	_____	Witness signature	Witness printed name	Date (YYYY-MM-DD)
Last name	First name	Middle initials																		
_____	_____	_____																		
_____	_____																			
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_____	_____	_____																		
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