

MEMBER BENEFICIARY DESIGNATION

Please complete and return this form to your Plan Administrator. See Page 2 for instructions.

SECTION 1 - PERSONAL INFORMATION

EMPLOYER: _____

POLICY NUMBERS: 386/027570A

 SUT10001/0119A *(Applicable only to Plan Options I, III, and V)*

INSURED MEMBER: Mr. / Mrs. / Ms. / Miss _____
(First) (Middle) (Last)

SECTION 2 - BENEFICIARY DESIGNATION

In accordance with the conditions of the Group Policy(ies) referenced above, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of my death, the following:

SECTION 2A - PRIMARY BENEFICIARY DESIGNATION

| Name (first, middle, last) | Address | Relationship to Insured Member | % Share | |
|----------------------------|---------|--------------------------------|---------|--|
| | | | | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable |
| | | | | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable |
| | | | | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable |

SECTION 2B - CONTINGENT BENEFICIARY DESIGNATION

| Name (first, middle, last) | Address | Relationship to Insured Member | % Share | |
|----------------------------|---------|--------------------------------|---------|--|
| | | | | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable |
| | | | | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable |
| | | | | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable |

In respect of minors, please name a trustee below to receive payment while the beneficiary is a minor (unless the child is a resident of Quebec, in which case a trustee cannot be named on this form):

SECTION 3 - AUTHORIZATION AND SIGNATURE

SIGNATURE OF MEMBER: _____

Signature _____ Date: (day/month/year) _____

INSTRUCTIONS FOR COMPLETING THE BENEFICIARY DESIGNATION FORM

For Class 1 Members covered under Plan Option I, III, or V, your Life benefit is insured through Western Life Assurance Company.

For Class 1 and 2 Members, your Accidental Death & Dismemberment benefit is insured through Lloyd's Underwriters.

NOTE: If you make any corrections or deletions on the form, you must initial each change. You must not use correction tape or fluid (white-out) on the form, otherwise the form will be invalid.

Section 1 - Personal Information

Please PRINT your full name (first, middle and last name).

Section 2A - Primary Beneficiary Designation

It is important that you designate a beneficiary(ies). Your designated beneficiary(ies) is the person(s) who you choose to receive your loss of life benefit amount(s). Failure to designate a beneficiary will result in any loss of life claim(s) being paid to your Estate.

If you designate more than one beneficiary, you must indicate the percentage of the claim to be paid to each beneficiary (the total percentage for all beneficiaries combined cannot be more than 100%).

In countries where it applies, please indicate whether your beneficiary is "revocable" or "irrevocable":

- "Revocable" means you can change this beneficiary without their consent.
- "Irrevocable" means that you cannot change this beneficiary without their written consent.

If you designate a beneficiary who is a minor (under the age of 18), please name a trustee to receive payment on behalf of the minor (unless the child is a resident of Quebec, in which case a trustee cannot be named on this form).

[For Quebec Residents: If you designate a spouse as your beneficiary, the designation is deemed irrevocable unless you indicate otherwise by checking the box.]

Section 2B - Contingent Beneficiary Designation

You may want to designate a "contingent beneficiary(ies)" - an alternate beneficiary(ies) who you want to have the death benefit(s) paid to in the event the beneficiaries you designated in Section 2 are not living at the time of your death. If so, please complete this section.

Where it applies, please indicate whether your beneficiary is "revocable" or "irrevocable":

- "Revocable" means you can change this beneficiary without their consent.
- "Irrevocable" means that you cannot change this beneficiary without their written consent.

If you designate a contingent beneficiary who is a minor (under the age of 18), please name a trustee to receive payment on behalf of the minor (unless the child is a resident of Quebec, in which case a trustee cannot be named on this form).

Section 3 - Authorization and Signature

You must sign and date your form, in INK, in order for a beneficiary designation to be eligible - only signatures in ink are acceptable, in the event a claim form needs to be filed with a court.

Please read the Consent & Disclosure Regarding Personal Information on Page 3 before signing this form.

Please forward the original signed completed form to your Plan Administrator and retain a copy for your records. A death benefit cannot be paid out to a beneficiary unless this has been completed in accordance with the instructions above.

WESTERN LIFE - CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

I consent to Western Life collecting, using and disclosing my personal information for the purpose of: establishing and maintaining communications with me; underwriting risks on a prudent basis; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet my needs; compiling statistics and acting as required or authorized by law.

I understand that Western Life may share my personal information with the following people, organizations and service providers: Western Life employees and agents who require this information to perform their jobs; claims investigators, investigative agencies, providers of information processing and storage, programming, printing, mailing and distribution services; applicable reinsurance companies; people to whom I have granted access; and people who are legally authorized to view my personal information. These people, organizations and service providers may be in other provinces or jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.

I acknowledge that I only enroll, at this time or any future time, dependents who have authorized me to provide their information and consent to the collection, use and disclosure of that information for the purposes listed above.

I understand that any restriction or withdrawal of my consent may result in Western Life being unable to process the claim being applied for.

You can obtain further information about Western Life's Personal Information Protection Policy and practices concerning service providers outside Canada from the Western Life Executive Office at privacy@westernlife.com or by calling 1-888-647-5433 and asking to speak to the Privacy Officer.

If you have a question (including questions concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies or procedures, please contact the individual accountable for our personal information protection compliance: Privacy Officer, The Western Life Assurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8.

LLOYD'S - CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

By purchasing insurance from certain Underwriters at Lloyd's, London ("Lloyd's"), a customer provides Lloyd's with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with Lloyd's policyholders
- the underwriting of policies
- the evaluation of claims
- the detection and prevention of fraud
- the analysis of business results
- purposes required or authorised by law

For the purposes identified, personal information may be disclosed to Lloyd's related or affiliated organisations or companies, their agents/mandataires, and to certain non-related or unaffiliated organisations or companies, including service providers. These entities may be located outside Canada therefore a customer's information may be processed in a foreign jurisdiction (the United Kingdom and the European Union) and their information may be accessible to law enforcement and national security authorities of that jurisdiction.

To obtain written information about Lloyd's policies and practices in respect of service providers located outside Canada, please contact the Ombudsman at lineage@lloyds.ca who will also answer customer's questions about the collection, use, disclosure or storage of their personal information by such Lloyd's service providers.

Further information about Lloyd's personal information protection policy may be obtained from the customer's broker or by contacting Lloyd's on: 514 861 8361, 1 877 455 6937, or through info@lloyds.ca.