



# Additional Beneficiary Designation (Family ESP Only)

Account Number \_\_\_\_\_

## 1. Subscriber Information (Please ensure that each item is completed.)

\_\_\_\_\_  
Last Name S.I.N. \_\_\_\_\_

\_\_\_\_\_  
First Name Initial Date of Birth Month / Day / Year

## 2. Joint Subscriber Information (Must be spouse or common-law spouse of subscriber.)

\_\_\_\_\_  
Surname S.I.N. \_\_\_\_\_

\_\_\_\_\_  
First Name Initial Date of Birth Month / Day / Year

## 3. Additional Family Plan Beneficiary Designation

\_\_\_\_\_  
Last Name S.I.N. Gender (M/F) \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Date of Birth Month / Day / Year

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Province Postal Code Residence Telephone Number

Custodial Parent Name (if other than Subscriber) where the beneficiary is under 18 years of age.

Custodial Parent Address

\_\_\_\_\_  
City Province Postal Code Residence Telephone Number

## 3. Additional Family Plan Beneficiary Designation

\_\_\_\_\_  
Last Name S.I.N. Gender (M/F) \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Date of Birth Month / Day / Year

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Province Postal Code Residence Telephone Number

Custodial Parent Name (if other than Subscriber) where the beneficiary is under 18 years of age.

Custodial Parent Address

\_\_\_\_\_  
City Province Postal Code Residence Telephone Number