Appointment of Beneficiary for AUMA

I HEREBY DESIGNATE _____

Name and Relationship *(Please Print)*

_____

_____

_____

AS MY BENEFICIARY(IES) WITH RESPECT TO LOSS OF LIFE BENEFITS PAYABLE UNDER INDUSTRIAL ALLIANCE PACIFIC INSURANCE AND FINANCIAL SERVICES INC. POLICY NO.'S 119-1549, 119-3327, 100005055 OR THEIR REPLACEMENTS ISSUED TO ALBERTA URBAN MUNICIPALITIES ASSOCIATION.

I understand that the personal information provided regarding my insurance coverage may be collected and used by or disclosed to IAP, its reinsurers, agents or third party administrators for the purpose of administration, marketing of products and services, and investigation of claims.

DATED THIS _____ DAY OF _____, _____.

SIGNED IN THE PRESENCE OF:)

_____)

Signature of Witness)

_____

Signature of Insured Person

_____

Name of Insured Person *(Please Print)*

™ Trademark of Industrial Alliance Insurance and Financial Services Inc., used under license by Industrial Alliance Pacific Insurance and Financial Services Inc.