

# APPLICATION FOR VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (VAD&D) BENEFITS

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | Fax: 604 419-2990

**i APPLICANTS — complete this section**

## PART 1 — APPLICANT INFORMATION

Policy number	Class number	ID number (e.g. S.I.N.)	Effective date (mm-dd-yyyy)
First name		Last name	Middle Initial
Name of company /organization			

Check one and fill in amounts:	Check one: I wish to insure:
<input type="checkbox"/> New applicant - amount requested \$	<input type="checkbox"/> Myself only
<input type="checkbox"/> Change my insured amount from \$ _____ to \$ _____	<input type="checkbox"/> Myself and my family

**Beneficiary Designation** - I hereby designate as revocable beneficiary in the event of my death:

Full legal name	Relationship	Share of proceeds
		%
		%

**Trustee Designation** - (Complete only if a Beneficiary is under age 18).

Surname of trustee	First name	Middle initial

## PART 2 — AUTHORIZATION

I agree to the conditions of the contract between my employer and BC Life and authorize my Employer to deduct required contributions from my earnings. By providing my Social Insurance Number, I authorize BC Life to use it for identification purposes only. I confirm that the information I have provided is true and complete.

Authorized signature <b>X</b>	Date (mm-dd-yyyy)
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