

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

If you are named as an irrevocable beneficiary, the plan member requires your consent to change the beneficiary designation.

Only complete the following if you are an irrevocable beneficiary:

### Irrevocable beneficiary

Last name	First name	Middle initials
_____	_____	_____

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.

\_\_\_\_\_

**Irrevocable beneficiary signature**

\_\_\_\_\_

**Date (YYYY-MM-DD)**

\_\_\_\_\_

**Witness signature**

\_\_\_\_\_

**Witness printed name**

\_\_\_\_\_

**Date (YYYY-MM-DD)**