



Beneficiary Designation Form

Section 1: General Instructions

This form designates your beneficiary for your Personal Accident Insurance with CAA Insurance Company.

We recommend you review your beneficiary information when life-changing events occur and make any necessary changes.

This form must be completed in full, signed, dated, witnessed and returned to CAA Insurance Company at this address:

CAA Insurance Company
C/O CAA Saskatchewan
200 Albert St. North
Regina, SK S4R 5E2

Section 2: Required Member Information

Member Name: _____
(First Name, Last Name – print clearly)

Membership Number: 620 286 _____
(full 16 digit number)

Section 3: Beneficiary Designation

First Name: _____ Last Name: _____ Relationship _____

Address: _____ City/Town _____

Province: SK Postal Code: _____

If multiple beneficiaries, specify percentage: _____ %

When assigning multiple beneficiaries, write their information (specify percentage each is to receive) on the back of this form.

Section 4: Signature

I acknowledge that I have read and understand the information provided with this beneficiary designation form. I understand that if I survive the designated beneficiary the benefits payable will be paid to my estate.

Witness Signature _____ Member Signature: _____

Witness Name _____
(First Name, Last Name – print clearly)

Date: _____
(day, month, year)