

Beneficiary Form

Emergency Services Organization _____

Insured Person _____

Date of Birth _____

Phone # _____

Email Address _____

County/MD _____

Primary Beneficiary –if the benefit is to be paid out to more than one person, please list the names, relationship, and percent each beneficiary should receive. If percentages are not indicated, then the benefit will be split equally. Total must equal 100%.

Name	Relationship	Share

Trustee's Name (Required for minor Beneficiaries) _____

Contingent Beneficiary – The contingent beneficiaries will only receive benefits if all Primary Beneficiaries predecease the Insured. If the benefit is to be paid out to more than one person, please list the names, relationship, and percent each beneficiary should receive. If percentages are not indicated, then the benefit will be split equally. Total must equal 100%.

Name	Relationship	Share

Trustee's Name (Required for minor Beneficiaries) _____

Insured Person's Signature _____

Date Signed _____



BECAUSE SOMETIMES FIREFIGHTERS NEED HEROES TOO

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