

**PLEASE COMPLETE THE REQUIRED SECTIONS OF THIS FORM:**

Policy No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TRN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMP #: \_\_\_\_\_  
GROUP# ACCOUNT # CARDHOLDER #

Name of Subscriber: \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL SURNAME MAIDEN NAME

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL NO.: \_\_\_\_\_

MINISTRY: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**ELECTRONIC FUND TRANSFER (COMMERCIAL BANK INFORMATION ONLY):**

|                         |  |
|-------------------------|--|
| Name of Bank:           |  |
| Name of Account Holder: |  |
| Branch:                 |  |
| Account Number:         |  |
| Account Type:           | Savings: <input type="checkbox"/> Current/Chequing: <input type="checkbox"/> |

**ADDITION OF DEPENDENT (I.E. SPOUSE &/CHILD ONLY): (BIRTH AND/OR MARRIAGE CERTIFICATE IS REQUIRED)**

| Name | Relationship | Date of Birth | TRN |
|------|--------------|---------------|-----|
|      |              |               |     |
|      |              |               |     |
|      |              |               |     |

**CANCELLATION OF DEPENDENT (I.E. SPOUSE &/CHILD):**

| Name | Relationship |
|------|--------------|
|      |              |
|      |              |

**CHANGE OR CORRECTION OF NAME (DEED POLL OR BIRTH/MARRIAGE CERTIFICATE IS REQUIRED FOR CHANGE OF NAME):**

Change name from: \_\_\_\_\_ To: \_\_\_\_\_  
NAME IN FULL NAME IN FULL

**CORRECTION OF DATE OF BIRTH: (BIRTH CERTIFICATE REQUIRED):**

NAME \_\_\_\_\_ CORRECT DATE OF BIRTH \_\_\_\_\_

**PERSONAL ACCIDENT – ACCIDENT DEATH AND DISMEMBERMENT – APPLICABLE TO GEASO SUBSCRIBERS ONLY**

*I do hereby revoke any previous designation of beneficiary(ies) with respect to the said Government Employees Administrative Services Only (GEASO) Accidental Death and Dismemberment Benefit and subject to the conditions set forth below, I designate and appoint the following beneficiary(ies):*

**BENEFICIARY INFORMATION:**

| FULL NAME<br><small>(i.e. First, Middle and Last)</small> | DATE OF BIRTH | RELATIONSHIP | ALLOCATION (%) |
|---|---------------|--------------|----------------|
|   |               |              |                |
|   |               |              |                |
|   |               |              |                |
|   |               |              |                |

**TRUSTEE FOR MINOR(S) NAMED ABOVE**

Name of Trustee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(i.e. First, Middle and Last) MM DD YY

I \_\_\_\_\_ confirm the following changes made to my policy effective as at the date below:

Please check the following items below to confirm the changes made:

Address:  Correction of Name:  Beneficiary Information:   
 Banking Information:  Addition/Cancellation of Dependent(s):

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YY