



Coverage After Release (CAR)/
Insurance for Released Members (IRM)
Exclusive Options Form
Group Policy # 901102



1. MEMBER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>		
Service Number (SN)	Rank	Surname	First Name	Initials
<input type="text"/>			<input type="text"/>	
Mailing Address			Home Phone #	
<input type="text"/>			<input type="text"/>	
PO Box, Rural Route, etc.			(circle) work/cell phone/pager #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	Prov.	Postal Code	Email Address	

2. SPOUSAL INFORMATION

<input type="text"/>		
Surname of Spouse or Former Spouse	First Name	Initials

3. OPTION 1 — STAY IN CAR PLAN

I elect to remain insured under the Coverage After Release Plan. I do not wish to transfer any portion of my existing CAR coverage to IRM. I acknowledge that the premium rates under the Coverage After Release plan changed effective March 1, 2006.

Member's Signature _____ Day Month Year

4. OPTION 2 & 3 — JOIN IRM PLAN OR TRANSFER ONLY A PORTION

<u>Insured Member</u> — Transfer Full Amount: _____ or Transfer Partial Amount: _____	<u>Insured Spouse</u> — Transfer Full Amount: _____ or Transfer Partial Amount: _____
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If you are transferring any or all of your coverage to IRM, you must complete the Beneficiary Designation below. The beneficiary(ies) for any CAR coverage not transferred to IRM will remain the same.

5. MEMBER COVERAGE—BENEFICIARY DESIGNATION

As the certificate holder, I hereby designate the following beneficiary(ies) for my IRM coverage. This beneficiary designation is revocable unless stated otherwise.
 Note: The designation of a spouse as beneficiary for Life Insurance by a member who became a participant while residing in the Province of Quebec, may be irrevocable if the member did not specify it to be revocable. In such a case a change of beneficiary cannot be made without the spouse's written permission. If you know this to be relevant in your case, please have your spouse sign Block 7 "Release of Beneficiary".

	Name (in full) of Persons or Institutions	Relationship to Certificate Holder	If Minors, Date of Birth* Day/Month/Year	Percentage of Proceeds (Indicate if Equal Shares)
Primary				%
Primary				%
Primary				%

In the event of death of the Primary Beneficiary(ies):

	Name (in full) of Persons or Institutions	Relationship to Certificate Holder	If Minors, Date of Birth* Day/Month/Year	Percentage of Proceeds (Indicate if Equal Shares)
Contingent				%
Contingent				%
Contingent				%
Contingent				%

*With respect to the minor child(ren) designated above, I appoint the following as trustee(s) to receive any proceeds under my plan. Please provide the name, relationship, current address and phone number of the trustee(s). If this does not apply, please indicate n/a.

TRUSTEE(S): _____

