

**DECLARATION APPOINTING BENEFICIARY
GROUP LIFE INSURANCE**

I, _____, of the Province of Nova Scotia and being a member of the St. Francis Xavier University Group Life Insurance Plan, do hereby revoke previous beneficiary appointments and hereby appoint _____

(Name of beneficiary)

my _____ to be the beneficiary to receive any amount due

(Relationship)

under the said plan on my death, who is of the full age of 18 years, if living, otherwise to my Executors, Administrators or Assigns.

Dated: _____

(SIGNATURE OF WITNESS)

(SIGNATURE OF EMPLOYEE)