



Suite 100 - 925 West 8th Ave  
Vancouver, BC V5Z 1E4  
604.737.1110

Dear Member,

One of the benefits of membership in the Vancouver Musicians Association is membership in the Musicians Benevolent Fund which gives your beneficiary or estate a sum upon your death. This sum changes over time. If you would like to know the amount of the current sum, please contact the office. After one year of membership you are eligible for this benefit.

This is not life insurance; it is members helping members. When a member passes away all current members are charged a death assessment fee of \$2.00. This amount is separate from the free life insurance offered to our members through American Income Life.

Below is a form to fill out to designate your beneficiary. If you have not done so or if you would like to change your beneficiary please fill this out, sign it, have it witnessed and return it. You can email a scan of it or you can mail it to the VMA office. If you do not designate a beneficiary the benefit will go to your estate.

Our address is Suite 100, 925 West 8<sup>th</sup> Avenue, Vancouver, BC V5Z 1E4. If you have any questions please contact the office at 604-737-1110 or by email at [office@vma145.ca](mailto:office@vma145.ca).

**DESIGNATION OF BENEFICIARY OF DEATH BENEFIT**

\_\_\_\_\_  
Print Member's Name

hereby apply for the benefit of the provision for death benefit under the Bylaws of the Musicians' Benevolent Society of Vancouver, British Columbia.

I hereby designate:

\_\_\_\_\_  
Print Name of Beneficiary

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

As beneficiary of said death benefit and direct the Board of Directors to pay any amount that may be due in the event of my death as a death benefit to the said beneficiary subject to all the bylaws of the Association, expressly conceding to the Board of Directors full and exclusive control and jurisdiction to administer said death benefit without to the intervention of any court.

In case of the death or incapacity of such beneficiary before my own death, I hereby appoint the Board of Directors as Trustees of said death benefit fund with full power and authority to pay the same to such person or persons as in their judgement is or are best entitled thereto.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Witness (not the beneficiary)

\_\_\_\_\_  
Date signed