



Beneficiary Appointment / Change Form

Employer Name _____

Plan No. _____

Member TRN _____

Member name: _____

Effective Date of Change: _____

I hereby appoint the persons listed below as my designate beneficiary(ies) to receive benefits payable under the above named pension scheme consequent on my death. I further stipulate that the total benefit payable should be allocated in the proportion indicated below.

1. Beneficiary Name			Relationship	Gender			Percentage Share	
First Name	Middle Name	Last Name		<input type="checkbox"/> M <input type="checkbox"/> F				
			Date of Birth	D	M	Y	Minor?	
							<input type="checkbox"/> Y <input type="checkbox"/> N	
Address			TRN#:					
For Minor Beneficiary, Trustee Name			Relationship					
First Name	Middle Name	Last Name						
Address			TRN#:					
2. Beneficiary Name			Relationship	Gender			Percentage Share	
First Name	Middle Name	Last Name		<input type="checkbox"/> M <input type="checkbox"/> F				
			Date of Birth	D	M	Y	Minor?	
							<input type="checkbox"/> Y <input type="checkbox"/> N	
Address			TRN#:					
For Minor Beneficiary, Trustee Name			Relationship					
First Name	Middle Name	Last Name						
Address			TRN#:					

3. Beneficiary Name					Relationship	Gender			Percentage Share			
First Name		Middle Name		Last Name				[] M [] F				
						Date of Birth		D	M	Y	Minor?	
											[] Y [] N	
Address					TRN#:							
For Minor Beneficiary, Trustee Name					Relationship							
First Name		Middle Name		Last Name								
Address					TRN#:							
4. Beneficiary Name					Relationship	Gender			Percentage Share			
First Name		Middle Name		Last Name				[] M [] F				
						Date of Birth		D	M	Y	Minor?	
											[] Y [] N	
Address					TRN#:							
For Minor Beneficiary, Trustee Name					Relationship							
First Name		Middle Name		Last Name								
Address					TRN#:							

I declare that this appointment cancels and replaces any previous appointment made with respect to the benefits under the above named pension scheme. I understand that if I do not state the proportion of the benefit payment to be given to the named beneficiary/beneficiaries above, that the Trustees will divide the amount equally between the persons so named.

Member's Signature			Date		
Name of Witness					
Signature of Witness			Date		

For Office Use Only	
System Updated on: _____	System updated by: _____