

TELECOMMUNICATION WORKERS BENEFIT PLAN
(Life Insurance & Survivor Income Benefits)
DESIGNATION OF BENEFICIARY/ OR CHANGE

#303-4603 Kingsway, Burnaby, B.C. V5H 4M4

MEMBER NAME: _____ **SIN:** _____
 (PLEASE PRINT) (Surname)

GIVEN NAME: _____ **HOME PHONE:** _____
 (IN FULL)

PREVIOUS NAME: _____
 (IF APPLICABLE)

ADDRESS: _____

CITY/PROV: _____ **POSTAL CODE:** _____

DATE OF BIRTH :	MONTH	DAY	YEAR	SEX: MALE <input type="checkbox"/>	EMPLOYEE	<input style="width: 90%;" type="text"/>
				FEMALE <input type="checkbox"/>	ID:	<input style="width: 90%;" type="text"/>

I, the above named employee, hereby appoint as my Designated Beneficiary for the **Group Life Insurance**

NAME OF BENEFICIARY (S) (PLEASE PRINT)			
SURNAME	GIVEN NAMES	DATE OF BIRTH	RELATIONSHIP TO MEMBER
		MONTH/DAY/YEAR	
_____	_____		_____

I, the above named employee, hereby appoint as my Designated Beneficiary for the **Survivor Income Benefit**

NAME OF BENEFICIARY (S) (PLEASE PRINT)			
SURNAME	GIVEN NAMES	DATE OF BIRTH	RELATIONSHIP TO MEMBER
		MONTH/DAY/YEAR	
_____	_____		_____

DATE

MEMBER SIGNATURE

RETURN ORIGINAL TO: T.W. BENEFIT PLAN
 303-4603 KINGSWAY, BURNABY, B.C. V5H 4M4
 cope378

PHONE: 604-430-3300
 FAX: 604-430-5395