

**TELECOMMUNICATION WORKERS PENSION PLAN  
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:** \_\_\_\_\_

<b>DATE OF BIRTH :</b>	MONTH	DAY	YEAR	<b>SEX:</b> MALE <input type="checkbox"/>	<b>MARITAL STATUS:</b>	
				FEMALE <input type="checkbox"/>		

**I HEREBY APPOINT AS MY DESIGNATED BENEFICIARY:** (must be your spouse if you have one)  
For the purpose of the plan a “spouse” is a person of the opposite sex or a person of the same sex who is lawfully married or has been cohabiting in a conjugal relationship for at least one year. If a participant has both a legal spouse and a common-law partner then the common-law partner shall be classed as the spouse for purposes of receiving a benefit on the death of the participant.

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

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**MEMBER SIGNATURE**

**RETURN ORIGINAL:** TO THE PENSION OFFICE  
303-4603 KINGSWAY, BURNABY, B.C. V5H 4M4  
cope378

PHONE: 604-430-1317