

VOLUNTARY CONTRIBUTION
TELECOMMUNICATION WORKER'S 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:** _____

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

I HEREBY APPOINT AS MY DESIGNATED BENEFICIARY (S)

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

DATE

MEMBER SIGNATURE

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

PHONE: 604-430-1317