

**VOLUNTARY CONTRIBUTION**  
**TELECOMMUNICATION WORKERS PENSION PLAN**  
**DESIGNATION OF BENEFICIARY / OR CHANGE**

#303 – 4603 Kingsway, Burnaby, BC 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"/> FEMALE <input type="checkbox"/>	<b>MARITAL STATUS:</b>
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NAME OF BENEFICIARY(S) – Please Print					
SURNAME	GIVEN NAMES	DATE OF BIRTH		RELATIONSHIP TO MEMBER	
		MONTH / DAY / YR			
ADDRESS:		CITY/PROV:		POSTAL CODE:	
SURNAME	GIVEN NAMES	DATE OF BIRTH		RELATIONSHIP TO MEMBER	
		MONTH / DAY / YR			
ADDRESS:		CITY/PROV:		POSTAL CODE:	
SURNAME	GIVEN NAMES	DATE OF BIRTH		RELATIONSHIP TO MEMBER	
		MONTH / DAY / YR			
ADDRESS:		CITY/PROV:		POSTAL CODE:	

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

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

**RETURN ORIGINAL TO: TW PENSION PLAN**  
**303 – 4603 KINGSWAY BURNABY BC V5H 4M4**

PHONE: 604-430-1317