

## **Beneficiary Change Form**

Please complete and send this form to: I.A.M. Multi-Employer Pension Fund (Canada) 331 Cooper Street, Suite 703, Ottawa, Ontario K2P 0G5

Personal Information of Plan Member				
S.I.N				
Name:				
Last	First	Mid	idle	
Beneficiary Designation (Please see General Information				
Note: This designation revokes any previous beneficia	ry designation the Trustees m	ay have on file.		
Name:Last	First	Mid	ldlo	
		iviiu	Middle	
Address:Street	City/Town	Province	e Postal Code	
Relationship to you:		% of E	Benefit:	
Please attach a separate sheet if you wish				
		mencial y.		
Name:	First	Mid	ldle	
A 11				
Address:Street	City/Town	Province	e Postal Code	
Relationship to you:		% of E	Benefit:	
Please attach a separate sheet if you wish	to designate more than one be	eneficiary.		
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Name:Last	First	Mid	Idle	
Address:				
Street	City/Town	Province	e Postal Code	
Relationship to you:		% of E	Benefit:	
Please attach a separate sheet if you wish	to designate more than one be	eneficiary.		
		n.		
		P	ercentages must total 100%	
Plan Member Declaration and Authorization				
I certify that the information I have provided on this form is	s accurate and complete. I autho	rize the collection and use of all	I information contained in this	
form, and any additional personal information which I may their designated agents and advisors, including the use o				
authorize the collection, retention, disclosure and sharing				
providers as may be required to administer the Plan including but not limited to determining eligibility for benefits, processing and paying benefits and				
on-going financial management of the Plan including cost analysis and internal audits. I understand that I may withdraw all or part of my consent at any time, in writing, but that doing so may interfere with the administration of the Plan and any benefits that may be payable to me. I understand that for				
more information on how the Fund Office ensures my infor				
Signature of Plan Member		Date		
Circulate (Miles of Assessment 40 and a least a least	(C - ' )	Data		
Signature of Witness (Anyone over age 18 and not a bene	nciary)	Date		
Name of Witness (Print)				
Name of Witness (Print)				
Address of Witness – No. and Street	City/Taxas	Province	Pootol Codo	
Address of Withess - No. and Street	City/Town	FIOVINCE	Postal Code	

## **General Information on Naming Beneficiary or Beneficiaries**

The beneficiary designation applies only if you die before retirement and you do not have an eligible spouse at the time of your death. If you have an eligible spouse, he or she is entitled to any survivor benefits that may be payable under the Plan.

Your beneficiary can be a person(s), organization or your estate. You can change your beneficiary at any time by completing and submitting another *Beneficiary Change Form* to the Fund Office. Your designation is not valid until this form is received by the Fund Office.

If you have an eligible spouse and you also designate a beneficiary, should your spouse die before you, your designated beneficiary is the person who would receive the death benefit, if any death benefit is payable after your death.

## **General Information on Naming Your Child As A Beneficiary**

Someone under the age of 18 (known legally as a minor) cannot directly receive survivor benefits. However, you can still ensure that a minor is eligible for any survivor benefits payable upon your death in two ways:

- □ List your "Estate" as your beneficiary in the Designated Beneficiary section. In your will, you must direct that your I.A.M. Multi-Employer Pension Plan (Canada) Death Benefits go to the minor. You must also name a Trustee for the child
- List the minor as your beneficiary and designate a Trustee for the child in your will.

You should not name a Trustee as your beneficiary. If you name a Trustee as your beneficiary, any survivor benefits will go to that individual, who will be legally entitled to spend the money.

The Fund Office recommends that you get independent legal advice to ensure your will accurately reflects your wishes.

Please note that the General Information provided above does not cover all details of the Plan. The official Plan document governs in the event of a conflict, discrepancy or omission.