

BENEFICIARY NOMINATION FORM

Member Name			
Member Number		Date of Birth	/ /
Branch Code		Cost Centre	
Home Telephone		Cell Telephone	
Work Telephone		Email Address	

I, (full names) _____ hereby wish to nominate the undermentioned person(s) to receive the benefit payable by the fund, on my death in the proportions indicated. Please note that I have listed all my dependants, who are financially dependent on me, below.

THIS FORM SUPERCEDES ANY PREVIOUS NOMINATION MADE BY ME.

MEMBER'S SIGNATURE

DATE

Full Name of Dependant / Nominee	Date of Birth	Relationship	Identity Number	% Benefit (Current)	% Benefit (Revised)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
Total percentage must equal					100 %

DIVORCE COURT ORDERS AND MAINTENANCE COURT ORDERS

The law requires a Retirement Fund to comply with Divorce and Maintenance Court Orders and Settlements. If such an order applies to you and a Court Order or Settlement was issued stating that your ex-spouse is entitled to a percentage of your benefit in the Fund, or a monthly Maintenance payment, you are requested to provide the details hereunder and a copy of the Court Order document for lodging with your membership record.

Full Name of Payee	Relationship	Identity Number	Percentage of Benefit	Monthly Maintenance

WE URGE YOU TO UPDATE YOUR BENEFICIARY NOMINATIONS ON A REGULAR BASIS, PARTICULARLY WHEN YOUR CIRCUMSTANCES CHANGE.