

UNITE HERE Pension Plan

Local 75

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Beneficiary Change Form

UNITE HERE Pension Plan CRA Registration No. **0481838**

Please Print

Member Information

Last Name: _____ First Name: _____ Initial: _____
Employee # or SIN (last 3 numbers): _____ Employer: _____
Email: _____ Telephone Number: _____

PLEASE COMPLETE THE APPLICABLE SECTIONS ONLY

CHANGE IN MARITAL STATUS:

- Married:** Name of Spouse _____
Date of Marriage _____ Date of Birth _____
(YYYY/MM/DD) (YYYY/MM/DD)
- Common-Law Relationship:** Name of Common-Law Spouse/Partner _____
Date Relationship Commenced _____ Date of Birth _____
(YYYY/MM/DD) (YYYY/MM/DD)
- Marriage / Common-Law Relationship Breakdown*:**
Date you began living separate and apart _____
(YYYY/MM/DD)
- Widowed**

*Please note: Due to provincial pension legislation, you may be required to provide additional information to the Plan Administrator regarding your Relationship Breakdown.

CHANGE IN BENEFICIARY DESIGNATION:

_____	_____	_____
Last Name	Given Names in Full	Relationship to Member
_____	_____	_____
Last Name	Given Names in Full	Relationship to Member

CHANGE IN CONTINGENT BENEFICIARY DESIGNATION:

_____	_____	_____
Last Name	Given Names in Full	Relationship to Member
_____	_____	_____
Last Name	Given Names in Full	Relationship to Member

TRUSTEE DURING MINORITY CLAUSE: I hereby appoint _____,
(Name of the Trustee)
_____, if living, as Trustee to receive and disburse any monies payable hereunder to the above-named
(Relationship to Member)
beneficiary(ies) during minority, and any payment so made to the said Trustee shall discharge the above-mentioned Pension Plan to the extent of such payment.

Authorization

Member authorization

I request that the Pension Plan Administrator adjust my Member records as indicated above. I confirm the information enclosed in this change form is accurate and correct.

Signature of Member: _____ Date: _____

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