

Please print and check the applicable boxes:

**Section 1 MEMBER INFORMATION**

Are you currently employed with another UNITE HERE employer?  Yes  No

Male  Female  Undisclosed  Other

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Member authorizes use of their social insurance number for use by the administrator

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

Member's Address: \_\_\_\_\_  
(apt. no., street no., street, city, province and postal code)

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Language Preference:  English  French

**Section 2 MARITAL STATUS INFORMATION**

Single  Married  Common-Law (CL) Partner  Other \_\_\_\_\_

**SPOUSE/Common-Law (CL) PARTNER INFORMATION** (if applicable)

Male  Female  Undisclosed  Other Spouse/CL Partner's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

If you have a Spouse/CL Partner – please complete Section 3B.

**Section 3 PRIMARY BENEFICIARY INFORMATION – Total distribution must equal 100%**

To the extent permitted by law, I reserve the right to alter or revoke the beneficiary and contingent beneficiary designation below. If the beneficiary is under age 18, or otherwise lacks legal capacity, complete Section 5 - Trustee Appointment – next page. (Not required if there is a written trust agreement.)

**Section 3A**  I do not have a Spouse/Common-Law (CL) Partner

In the event of the death of the Member, when there is no benefit payable to the Spouse/CL Partner (if applicable), the benefit will be paid to the following beneficiary in the indicated percentage or equally, if distributions not indicated.

Name of Primary Beneficiary: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

% of Distribution: \_\_\_\_\_ Date of Birth (YYYY/MM/DD): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Primary Beneficiary: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

% of Distribution: \_\_\_\_\_ Date of Birth (YYYY/MM/DD): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*if you have more than two primary beneficiaries, please contact the Pension Plan administrator

**Section 3B**  I have a Spouse or Common-Law (CL) Partner

Under current pension legislation, a Spouse/CL Partner is the automatic beneficiary unless a prescribed waiver is signed.

I designate my primary beneficiary as my Spouse/CL Partner (100%)

I designate less than 100% to my Spouse/CL Partner and the balance to other beneficiary(ies). Additional forms will be required to be completed. (The Pension Plan administrator will provide the additional forms to complete.)

