



**IWA-FOREST INDUSTRY PENSION PLAN (THE "PLAN")
DESIGNATION OF BENEFICIARY(IES)
PRE-RETIREMENT DEATH BENEFIT**

Incomplete forms will be returned to the Member.

1 Plan Member details

Member's last name	First name	Middle initial	Date of birth (dd-mm-yyyy)	Home phone #
S.I.N. or Pension Plan ID#		Street address, City, Province, Postal code		

A I have a Spouse, as defined by the applicable legislation. In accordance with pension benefits legislation and the terms of the Plan, your Spouse may be entitled to certain benefits following your death, regardless of any other beneficiary you have named, unless your Spouse waived her or his entitlement to a survivor benefit. If you have no Spouse or designated beneficiary at your date of death, any survivor benefit payable will be paid to your estate.

Payments of death benefits may be affected by a Separation Agreement or Court Order.

Spouse's last name	First name of Spouse	Middle initial	Date of birth (dd-mm-yyyy)
Address (if different from Plan Member) Street, City, Province, Postal code			

B I do not have a Spouse, as defined by the applicable legislation (see reverse for definition).

C My Spouse has signed the *Spousal Waiver of Rights of Pre-Retirement Death Benefit*.

2 Designation of Beneficiary(ies)

I revoke all previous beneficiary designations. I designate the following as my beneficiary(ies) to receive any amounts payable from the Plan in the event of my death. Unless specified otherwise, proceeds will be divided equally among all beneficiaries (including your Spouse if designated).

If you are designating a beneficiary(ies) under the age of 19, please see Section 3. Only a member can change a beneficiary. A survivor, a person with Power of Attorney or Guardian of Property cannot change a beneficiary designation.

My Spouse, as described above; and/or:

#1 - Beneficiary name (last, first, initial) or organization	Date of birth (dd-mm-yyyy)	Relationship to you	
Street address, City, Province, Postal code, Home phone #			Percentage %
#2 - Beneficiary name (last, first, initial) or organization	Date of birth (dd-mm-yyyy)	Relationship to you	
Street address, City, Province, Postal code, Home phone #			Percentage %
#3 - Beneficiary name (last, first, initial) or organization	Date of birth (dd-mm-yyyy)	Relationship to you	
Street address, City, Province, Postal code, Home phone #			Percentage %
#4 - Beneficiary name (last, first, initial) or organization	Date of birth (dd-mm-yyyy)	Relationship to you	
Street address, City, Province, Postal code, Home phone #			Percentage %
<input type="checkbox"/> I have attached, and signed, a separate sheet to identify additional beneficiary information.			100%



3 Declaration appointing Trustee for minor beneficiary(ies) - complete ONLY if applicable

I, _____ (Member name), DO HEREBY APPOINT _____

as Trustee to receive any amount due to any beneficiary under 19 years of age and declare that the receipt of payment by such Trustee shall be full and complete discharge to the IWA-Forest Industry Pension Plan. And I do hereby authorize such Trustee, within its absolute discretion, to use and expend all or any portion of such amount and/or the income therefrom for the maintenance and/or education of such minor.

Trustee name (last, first, initial)		Home phone #	
Trustee address	City	Province	Postal code
MEMBER SIGNATURE		Date (dd-mm-yyyy)	

I, _____ (Trustee name), agree to act as Trustee for the above-named minor(s) in respect of any benefits received under the IWA-Forest Industry Pension Plan on account of the pension entitlement of the Plan Member named above.

DATED this _____ day of _____ 20_____.

TRUSTEE SIGNATURE		
WITNESS SIGNATURE	Witness name (last, first, initial)	Witness home phone #

4 Authorization

IMPORTANT:
You must sign and date this form.

I reserve the right to revoke this *Designation of Beneficiary(ies)* at any time. I acknowledge that all designations remain in effect until they are revoked in writing and received by the Plan administrator or union office, subject to applicable legislation. I understand that despite the spousal description in Part 1 (section A), my Spouse will be determined based on provincial law at the time of my death.

MEMBER SIGNATURE	Date (dd-mm-yyyy)
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Definition of Spouse as Defined by the Pension Benefits Standards Act of British Columbia:

If a Plan Member or Former Plan Member was last employed in British Columbia, "spouse" shall mean the person who:

- (a) is married to the Plan Member or Former Plan Member and who, if living separate and apart from the Plan Member or Former Plan Member, did not live separate and apart from him or her for longer than the 2-year period immediately preceding the relevant time, or
- (b) if there is no person to whom paragraph (a) applies, a person who was living and cohabiting with the Plan Member or Former Plan Member in a marriage-like relationship, for a period of at least 2 years immediately preceding the relevant time.