



PRE-RETIREMENT DESIGNATION OF BENEFICIARY(IES)

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To active and deferred members:

The IWA-Forest Industry Pension Plan provides survivor benefits to spouses and beneficiaries of plan members who die before collecting a pension from the plan. Complete and return this form to the Plan Office to designate a beneficiary in the event of your death before retirement. Note that incomplete forms will be returned to you.

SECTION A MEMBER INFORMATION

Last name:	First name and initial(s):	Date of birth: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td> </tr> </table>											D	D	M	M	Y	Y	Y	Y			Member ID#:
D	D	M	M	Y	Y	Y	Y																
Mailing address:		City:	Province:																				
Postal code:	Phone number:	Email:																					

SECTION B SPOUSAL STATUS

1. I do not have a spouse, as defined by the applicable provincial legislation.

OR

2. I do have a spouse, as defined by the applicable legislation (see above).

Pension law requires members with spouses to select their spouse as the sole beneficiary to any pre-retirement pension death benefits. However, your spouse can choose to waive their right to benefits from the plan following your death by signing *form 4—spouse’s waiver of beneficiary rights to benefits in a pension plan before payments start*.

My spouse has **NOT** signed *form 4*

My spouse has signed *form 4*

SECTION C DESIGNATION OF BENEFICIARY(IES)

I revoke all previous beneficiary designations. I designate the person(s) listed below 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. **If I have a spouse and they have not signed form 4, I have listed them below as my sole beneficiary.**

#1 - Beneficiary last name:	Beneficiary first name and initial(s):	Date of birth: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td> </tr> </table>											D	D	M	M	Y	Y	Y	Y			Relationship to you:
D	D	M	M	Y	Y	Y	Y																
Mailing address, city, province, postal code:			Phone number:	Percentage %																			
#2 - Beneficiary last name:	Beneficiary first name and initial(s):	Date of birth: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td> </tr> </table>											D	D	M	M	Y	Y	Y	Y			Relationship to you:
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Mailing address, city, province, postal code:			Phone number:	Percentage %																			

#3 - Beneficiary last name:	Beneficiary first name and initial(s):	Date of birth: <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	Relationship to you:
D	D	M	M	Y	Y	Y	Y												
Mailing address, city, province, postal code:			Phone number:	Percentage %															

#4 - Beneficiary last name:	Beneficiary first name and initial(s):	Date of birth: <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	Relationship to you:
D	D	M	M	Y	Y	Y	Y												
Mailing address, city, province, postal code:			Phone number:	Percentage %															

I have attached and signed a separate sheet to identify additional beneficiary information.

SECTION D DECLARATION APPOINTING TRUSTEE FOR MINOR BENEFICIARY(IES) - COMPLETE ONLY IF APPLICABLE

Beneficiaries under the age of 19 must be appointed a trustee to accept any payments on their behalf. Complete this section if you have listed any beneficiary(ies) that are under the age of 19.

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 their 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 last name:		Trustee first name and initial(s):	
Mailing address:		City:	Province:
Postal code:	Phone number:	Email:	

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:	Witness phone number:

SECTION E AUTHORIZATION

I reserve the right to revoke this *pre-retirement 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 Office, subject to applicable legislation. I understand that despite the spousal description in Section B, my spouse will be determined based on provincial law at the time of my death.

I understand that only a member can change a beneficiary. A survivor, a person with *power of attorney* or *guardian of property* cannot change a beneficiary designation.

Member signature:	Date: <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										

PRIVACY DISCLOSURE: The Trustees of the IWA–Forest Industry Pension and LTD Plans (Plans) and their respective agents and employees, collect, use, disclose and exchange your personal information in order to administer the Plans including to process benefits, enforce the Plans' terms (including to collect overpayments or to investigate potential fraud), to audit employers' records and claims and to communicate with third parties such as employers, insurers, health care providers and financial institutions when reasonably necessary to administer the Plans. By signing this form you consent to such collection, use, disclosure and exchanges for these purposes, any other purposes set out in the Plans' respective Privacy Policies and as permitted or required by law.