



BENEFICIARY REVOCATION

2100-3777 Kingsway
Burnaby BC V5H 3Z7
T 604.433.5862 TF 1.800.913.0022
F 604.433.0518
IWA-FIB.PCA

To the beneficiary of a pre-retirement death benefit from the IWA-Forest Industry Pension Plan:

Use this form to revoke your previous designation as a *irrevocable* beneficiary of a plan member's pension from the IWA-Forest Industry Pension Plan.

SECTION A PLAN 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 BENEFICIARY 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 C BENEFICIARY REVOCATION DECLARATION

I, _____, hereby revoke any previous designation as an irrevocable beneficiary I may have with respect to the disposition of any moneys payable upon or after the death of the plan member under the terms of the previous *Designation of pre-retirement death benefit*. I understand that this means the plan member can now choose another beneficiary of a pre-retirement death benefit.

Signature of beneficiary:	Date: <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		
D	D	M	M	Y	Y	Y	Y														

Signature of plan member:	Date: <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		
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.