



PRE-RETIREMENT DESIGNATION OF ADDITIONAL BENEFICIARY(IES)

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

To active or deferred members who wish to designate additional beneficiaries:

Complete this form only if you wish to designate more beneficiaries than you have listed in the *Pre-retirement designation of beneficiary(ies) form*. **This form MUST accompany the *Pre-retirement designation of beneficiary(ies) form* otherwise the designations on this form will be invalid.**

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 DESIGNATION OF ADDITIONAL BENEFICIARY(IES)

Complete this section *only* if you wish to list more than the 3 **beneficiaries as listed in Section C the *Pre-retirement designation of beneficiary(ies) form*.**

#6 - 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			Relationship to you:	Irrevocable
D	D	M	M	Y	Y	Y	Y																	
Mailing address, city, province, postal code:			Phone number:	Percentage %																				
#7 - 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			Relationship to you:	Irrevocable
D	D	M	M	Y	Y	Y	Y																	
Mailing address, city, province, postal code:			Phone number:	Percentage %																				
#8 - 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			Relationship to you:	Irrevocable
D	D	M	M	Y	Y	Y	Y																	
Mailing address, city, province, postal code:			Phone number:	Percentage %																				
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D	D	M	M	Y	Y	Y	Y																	
Mailing address, city, province, postal code:			Phone number:	Percentage %																				

SECTION C DESIGNATION OF ADDITIONAL ALTERNATE BENEFICIARY(IES)

Complete this section *only* if you wish to list more than the 2 **ALTERNATE beneficiaries as listed in Section D of the *Pre-retirement designation of beneficiary(ies) form*.**

#3 - 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			Relationship to you:	Irrevocable
D	D	M	M	Y	Y	Y	Y																	
Mailing address, city, province, postal code:			Phone number:	Percentage %																				
#4 - 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			Relationship to you:	Irrevocable
D	D	M	M	Y	Y	Y	Y																	
Mailing address, city, province, postal code:			Phone number:	Percentage %																				

#5- 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			Relationship to you:	Irrevocable
D	D	M	M	Y	Y	Y	Y																	
Mailing address, city, province, postal code:			Phone number:	Percentage %																				
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D	D	M	M	Y	Y	Y	Y																	
Mailing address, city, province, postal code:			Phone number:	Percentage %																				
#7 - The following charitable organization:		Registration #:																						
Mailing address:				Percentage %																				

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.