



IUPAT Pension Plan (Canada) Beneficiary Designation



Member's Name (Last) (First) (Initial) (SIN #)

I hereby revoke any previous Beneficiary Designation and designate the following person as my Beneficiary to receive the death benefit, if any, payable at my death under the Rules and Regulations of the IUPAT Industry **PENSION PLAN (Canada)**.

Name (Last) (First) (Initial) (SIN #)

Address (Street)

(City) (Province) (Postal Code) (Relationship)

Fold along this line, seal and mail

In addition, I hereby revoke any previous Contingent Beneficiary Designation and designate the following person as my Contingent Beneficiary in case my above named Beneficiary does not survive me.

Name (Last) (First) (Initial) (SIN #)

Address (Street)

(City) (Province) (Postal Code) (Relationship)

I understand that I may change this Designation of Beneficiary at any time on a form supplied by the Trustees for that purpose and filed with the Fund Office.

Signature Date

Witness Name Date

Signature of Witness





PLACE
STAMP
HERE

IUPAT INDUSTRY PENSION PLAN (Canada)

Fiddlers Green Postal Outlet

PO Box 81032

Ancaster ON L9G 4X1