



UNITED FOOD & COMMERCIAL WORKERS PENSION PLAN (LOCAL 1991-P)

Beneficiary Designation

Information	on Member			
L	ast Name	First Name	Date of Birth	h (yyyy-mm-dd)
Information	on Employer			
Employer N	ame			
Important I	nformation			
spouse waived dissolution or provided by the	s it in writing ² or, as the case annulment of the civil union on the plan is not payable to your ence of a designated beneficiar	to the death benefit provided b may be, by separation from beon cessation of conjugal relation spouse, this benefit will be paid y, to your estate.	d and board, divorce or raship. If, at the time of yo	marriage annulment, our death, the benefit
	previous beneficiary designated by the plan:	tion and designate the person(s	s) named below as bene	eficiary of the death
Percentage ³	Beneficiary Last Name	Beneficiary First Name	Date of Birth ⁴ (yyyy-mm-dd)	Relationship
100 %				

¹ According to the definition of the plan, the spouse is defined as the person who:

i) is married or in a civil union with the member; or

ii) has been living in a conjugal relationship with the member who is neither married nor in a civil union, whether the person is of the opposite or the same sex, for a period of not less than three years, or for a period of not less than one year if:

[•] at least one child is born or to be born of their union; or

[•] they have adopted jointly at least one child while living together in a conjugal relationship; or

[•] one of them has adopted at least one child who is the child of the other during that period; or

[•] the member is subject to the rules of federal pension legislation (employees of Transport Bourret Inc.).

² To waive the death benefit to which he or she is entitled, your spouse must complete the Spousal Waiver Form on the Pre-Retirement Death Benefit. This form is available from the pension administrator.

³ Unless the beneficiary's share is specified, the amounts will be divided equally among all beneficiaries (including your spouse, if designated). If all beneficiaries die before you, the amounts will be payable to your estate.

⁴ Please note that it is not permitted to pay a death benefit directly to a minor. Amounts due will be paid in trust to the guardian of the minor beneficiary. It is recommended to consult legal counsel before appointing a minor as a beneficiary.





Note to Members

Unless otherwise stipulated, this designation is *revocable*. I understand that I cannot change an *irrevocable* designation without the consent of the beneficiary. However, I retain the right to change any *revocable* designation.

Required signatures

rve the right to revoke the designation in the control of the remain in effect until they a	tion of beneficiary noted above. I acknow	wledge that all designations of
iciary remain in effect until they a	re revoked by me in writing.	
Signature of Member	Date (yyyy-mm-dd)	Phone Number
Signature of Witness ⁵	Date (yyyy-mm-dd)	Name of witness, printed

Please send this form to: Member Services Center

SAI Actuarial Services 201 Laurier Ave E suite 430 Montreal, Quebec H2T 3E6

Secure submission via ShareFile: Please send us an email at tuac1991p@saiinc.ca to receive a secure link.

⁵ A named beneficiary cannot witness the member's signature.