



Beneficiary Designation

United Food & Commercial Workers Pension Plan (Local 1991-P) — Registration number 22604 (R.Q.)

Member Name: _____

Social Insurance Number: _____
(Last 3 digits only)

Employer Name: _____

This is an important legal document. It is recommended that you consult with a legal advisor before completing it. If you wish to name a beneficiary who is a minor you should seek legal advice.

Please appoint a beneficiary to receive any amount payable from the Plan upon or following your death. This designation will apply regardless of when your death occurs and it will apply to pre-retirement death benefits, post retirement death benefits (subject to your retirement election) and any other amounts that may become payable.

However, if you have a spouse when you die, the law may stipulate that all or a portion of the death benefit be paid to your spouse irrespective of who has been designated as a beneficiary. Therefore, this designation only applies to those pension benefits which are not, by law or by pension plan rules, payable to your surviving spouse.

If you have previously made a beneficiary designation under the Plan and if that designation is irrevocable, it cannot be revoked unless you obtain a waiver from the irrevocable beneficiary.

Designation of Beneficiary

I revoke any previous beneficiary designation that I have made by instrument or will in respect of amounts payable from the Plan to my beneficiary(ies). I designate the following beneficiary(ies) to receive any amounts payable to my beneficiary(ies) from the Plan, in the event of my death, in accordance with the terms of the Plan and applicable pension standards legislation.

Beneficiary Name(s) (Surname, Given Name)	Relationship	Beneficiary Share *
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	100%

** Unless the beneficiary share is specified, proceeds will be divided equally among all beneficiaries. If all beneficiaries die before me, the proceeds will be payable to my estate.*

If sufficient space is not available on this form for the beneficiary designation you wish to make, check here and complete a separate sheet to be attached to this form. Please sign and date the attached form as well as this form.

Note to Quebec Members

Where Quebec law applies, the designation of your married or civil union¹ spouse as your beneficiary is irrevocable unless otherwise stipulated. You may change this designation, but only with your married or civil union spouse's consent. If you make the designation of your married or civil union spouse revocable by checking here, you will not be required to obtain your spouse's consent to change it.

Revocable _____
(please initial)

Required signatures

I reserve the right to revoke the designation of beneficiary noted above. I acknowledge that all designations of beneficiary remain in effect until they are revoked by me in writing.

Signature of Plan Member: _____ Date: _____

Signature of Witness²: _____ Date: _____

Print Name of Witness: _____

¹ Civil union must not be confused with common-law relationship.

² A named beneficiary cannot witness the member's signature.

Return to:

TUAC Pension Plan Administrator 1991-P

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