

Designation or Change of Beneficiary

Please print this form on 8.5x14" paper



Please indicate which plan applies:

- Shared Risk Plan for Certain Bargaining Employees of New Brunswick Hospitals
- Shared Risk Plan for CUPE Employees of New Brunswick Hospitals

Employer Information

Employer: _____

Employee Information

Name: _____ Social Insurance Number: _____

In accordance with the terms and conditions of the pension plan mentioned above, I revoke all previous designations of beneficiaries made by me and I hereby appoint the individual(s) named in the Beneficiary Information section below as beneficiary (beneficiaries) entitled to receive the proceeds arising under the said Plan by reason of my death when they become due.

Note: If you have a spouse or common-law partner as defined in the *Pension Benefits Act* who is entitled to one of the death benefits listed below, the entitlement of your spouse or common-law partner will supersede the entitlement of your beneficiary to a death benefit, except where your spouse or common-law partner has waived their rights to that benefit by completing the applicable waiver:

For **Pre-Retirement Death Benefits:** a "Pre-Retirement Death Benefit Waiver" form (Form 9 provided by the Superintendent of Pensions). If this waiver is completed, it must be delivered to Vestcor prior to your death.

For **Post-Retirement Death Benefits:** a "Joint and Survivor Pension Waiver" form (Form 5 provided by the Superintendent of Pensions). If this waiver is completed, it must be delivered to Vestcor within the 12 month period prior to commencing your pension.

For additional information regarding these waivers and when they are necessary, please contact Vestcor or visit Vestcor's website (see the contact information at the bottom of this page).

Beneficiary Information

Name: _____ Address: _____

Date of Birth (YYYY-MM-DD): _____ Relationship: _____ Percentage: _____ %

Name: _____ Address: _____

Date of Birth (YYYY-MM-DD): _____ Relationship: _____ Percentage: _____ %

Name: _____ Address: _____

Date of Birth (YYYY-MM-DD): _____ Relationship: _____ Percentage: _____ %

Name: _____ Address: _____

Date of Birth (YYYY-MM-DD): _____ Relationship: _____ Percentage: _____ %

Percentages must total 100% to be valid.

If any beneficiary named above dies before me, the interest of such beneficiary (if any) shall, unless otherwise provided above, accrue to the surviving beneficiaries equally or, if none, to my estate.

I reserve the right to revoke the appointment of any beneficiary designated by me hereunder at any time.

Authorization

Signature of Plan Member _____ Date (YYYY-MM-DD) _____

Plan Member's Address _____

Signature of Witness* _____ Date (YYYY-MM-DD) _____

*Witness must have attained full age of majority and must not be a beneficiary.

Please submit completed form to:

Vestcor
P.O. Box 6000
Fredericton, NB E3B 5H1

Email: info@vestcor.org
Fax: 506-457-7388

Telephone: 506-453-2296
Toll Free: 1-800-561-4012
Website: www.vestcor.org/pensions