

NEW BRUNSWICK PUBLIC SERVICE PENSION PLAN (NBPSPP)

DESIGNATION / CHANGE OF BENEFICIARY

EMPLOYER INFORMATION					
EMPLOYER:					
EMPLOYEE INFORMATION					
NAME:			SOCIAL INSURANCE NO. 		
In accordance with the terms and conditions of the New Brunswick Public Service Pension Plan, 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, the entitlement of your spouse or common-law partner shall supersede the entitlement of your beneficiary to a death benefit under the Plan, except where your spouse or common-law partner has waived their rights (fully or partially) by signing a "Pre-retirement Death Benefit Waiver" form (Form 9 of the Pension Benefits Act). The waiver form can be signed at any time prior to your death.					
BENEFICIARY INFORMATION					
NAME	ADDRESS	DATE O	FBIRTH	SEX	RELATIONSHIP
		/ year moi	/ nth day	☐ Male☐ Female	
		year month day		☐ Male ☐ Female	
		/	/	☐ Male ☐ Female	
		////		☐ Male☐ Female	
If any beneficiary named above dies before me, the interest of such beneficiary (if any) shall, unless otherwise provided above, accrue to the surviving beneficiary (beneficiaries) 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 MEMBER:					
MEMBER'S ADDRESS:			DATE // year month day		
SIGNATURE OF WITNESS*:			DATE // year month day		

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