

## DESIGNATION OR CHANGE OF BENEFICIARY

Please indicate which plan applies:

Pension Plan for General Labour, Trades & Services Employees  
of New Brunswick School Districts (GLT&S)

Pension Plan for Full-Time CUPE 2745 Employees of New Brunswick  
School Districts (CUPE 2745)

### Employer Information (Mandatory)

School District: \_\_\_\_\_

### Employee Information (Mandatory) - Please indicate name and preferred telephone number at the top of page 2 as well.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SIN (optional): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Vestcor Reference Number: \_\_\_\_\_ OR Employee ID Number: \_\_\_\_\_

Correspondence Requested In: English French Preferred Telephone: \_\_\_\_\_

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.

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 page 2).

### Beneficiary Information (Mandatory)

**Percentages must total 100% to be valid.** For example, if you include three beneficiaries and wish to provide them with equal shares, two must receive 33.33% and one 33.34%, to ensure the total is 100%.

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.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

## DESIGNATION OR CHANGE OF BENEFICIARY



Employee Name: \_\_\_\_\_ Preferred Telephone: \_\_\_\_\_

### Trustee for Minor Beneficiary (Optional)

In most cases the Plan (GLT&S and/or CUPE 2745) cannot make a payment directly to someone who is a minor (i.e., a person under the age of majority in that province/territory). If you are naming a minor as a beneficiary, you may name a trustee to hold the funds in trust until that beneficiary reaches the age of majority. The person named as trustee must be at least 19 years of age and otherwise eligible to be a trustee. The trust and designation of the trustee are also subject to any applicable laws in effect at the relevant times. Payment to the trustee will discharge the Plan (GLT&S and/or CUPE 2745) and Vestcor to the extent of such payment.

If a trustee has not been designated, or if the trustee designation is invalid or inapplicable, any benefit payable to a minor will be paid to the minor's property guardian or the appropriate public authority (as applicable).

I hereby appoint the individual named below as trustee to receive and hold in trust any benefit payable to a beneficiary who is a minor at the time of the payment:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day Month Year

### Authorization (Mandatory)

**PRIVACY CONSENT:** *The personal information collected on this form will be used by Vestcor to: identify the member, beneficiaries and trustee; determine language preferences; assist in determining who may be eligible to receive the survivor benefit; contact the member, beneficiaries and/or trustee as necessary; and ultimately ensure that the pension plan is administered in accordance with the pension plan's governing documents and applicable legislation. If you have any questions about the collection and use of this information, contact Vestcor's Member Services team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at [info@vestcor.org](mailto:info@vestcor.org). In addition, please note that Vestcor's Privacy Statement is available at [www.vestcor.org/privacy](http://www.vestcor.org/privacy).*

**AUTHORIZATION:** *I certify that the information above is accurate.*

**IMPORTANT! Electronic signature is not accepted. Wet signature is required.**

Signature of Plan Member: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Plan Member's Address: \_\_\_\_\_

Signature of Witness\*: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

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

Please return completed form as soon as possible to:  
Vestcor  
P.O. Box 6000, Fredericton, NB E3B 5H1  
Fax: 506-457-7388

For more information, please contact Vestcor at:  
Telephone: 506-453-2296 or 1-800-561-4012 (toll free)  
Email: [info@vestcor.org](mailto:info@vestcor.org)  
Website: [vestcor.org](http://vestcor.org)

**IMPORTANT:** Information submitted via email is not considered secure unless encrypted. If you would like to submit this form via email and do not have a method to encrypt it, please contact our office in order to submit this form electronically in a secure format.