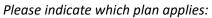
DESIGNATION OR CHANGE OF BENEFICIARY





	ades & Services Employees of New Br 45 Employees of New Brunswick Scho	•
mployer Information (Mandatory)		
chool District:		
mployee Information (Mandatory) - Ple	ease indicate name and preferred tele	phone number at the top of page 2 as well.
irst Name:	Last Name:	
IN (optional): / / Ves	stcor Reference Number:	OR Employee ID Number:
forrespondence Requested In:	English French Preferre	ed Telephone:
	d in the Beneficiary Information section b	oke all previous designations of beneficiaries made by below as beneficiary (beneficiaries) entitled to receive
or additional information regarding these waiv ontact information at the bottom of page 2).	ers and when they are necessary, please	contact Vestcor or visit Vestcor's website (see the
eneficiary Information (Mandatory)		
ercentages must total 100% to be valid. For expussion to the valid one 33.34%, to ensure	· · · ·	and wish to provide them with equal shares, two
any beneficiary named above dies before mother that is the surviving beneficiaries equally or, if not	The state of the s	ny) shall, unless otherwise provided above, accrue
reserve the right to revoke the appointment	of any beneficiary designated by me he	ereunder 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 First Name:	Employee Last Name:	Preferred Telepho	ne:
Trustee for Minor Beneficiary	(Optional)		
age of majority in that province/te until that beneficiary reaches the a to be a trustee. The trust and design	or CUPE 2745) cannot make a payment d rritory). If you are naming a minor as a be age of majority. The person named as trus gnation of the trustee are also subject to a an (GLT&S and/or CUPE 2745) and Vestco	eneficiary, you may name a trustee tee must be at least 19 years of ag any applicable laws in effect at the	to hold the funds in trust ge and otherwise eligible
-	ed, or if the trustee designation is invalid or the appropriate public authority (as app		e to a minor will be paid
I hereby appoint the individual nar at the time of the payment:	ned below as trustee to receive and hold	in trust any benefit payable to a b	eneficiary who is a minor
Name:	Address:		
Date of Birth: / /	Relationship:		
Authorization (Mandatory)			
assist in determining who may be eligible to r plan is administered in accordance with the p information, contact Vestcor's Member Servic	collected on this form will be used by Vestcor to: ident eceive the survivor benefit; contact the member, benef ension plan's governing documents and applicable legi es team, by mail at P.O. Box 6000, Fredericton, NB, E3I at Vestcor's Privacy Statement is available at <u>www.vesi</u> ion above is accurate.	iciaries and/or trustee as necessary; and ulti Islation. If you have any questions about the 13 5H1, by phone at (506) 453-2296 or 1-800-	mately ensure that the pension collection and use of this
Signature of Plan Member:		Date:	//
Plan Member's Address:			
Signature of School District Officia	ıl:	Date:	/ / Month Year

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 Website: vestcor.org