

Designation or Change of Beneficiary



School District: _____

Employee Information

Name: _____ Social Insurance Number: _____
Pension Plan: _____ Language Preference: _____ Sex: _____
GLT&S _____ CUPE 2745 _____ English _____ French _____ Male _____ Female _____

Beneficiary Information

I hereby give notice that I wish to revoke any previous designation of beneficiary and now designate the following beneficiary(ies) to receive any amount payable after my death in accordance with the terms of the Plan.

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

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

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

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

Authorization

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

Signature of School District Official Date (YYYY-MM-DD)

Please submit completed form to:

Vestcor Email: info@vestcor.org Telephone: 506-453-2296
P.O. Box 6000 Fax: 506-457-7388 Toll Free: 1-800-561-4012
Fredericton, NB E3B 5H1 Website: www.vestcor.org/pensions