

**Designation or Change of Beneficiary**  
New Brunswick Public Service Pension Plan

Please print this form on 8.5x14" paper



**Employer Information**

Employer: \_\_\_\_\_

**Employee Information**

Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

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 by signing a "Joint and Survivor Pension Waiver" form (Form 5 of the *Pension Benefits Act*). The waiver form can only be signed within the 12 month period prior to retirement and does not apply to any pre-retirement death benefit.**

**Beneficiary Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth (YYYY-MM-DD): \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth (YYYY-MM-DD): \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth (YYYY-MM-DD): \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth (YYYY-MM-DD): \_\_\_\_\_ Relationship: \_\_\_\_\_

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 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](mailto:info@vestcor.org)  
Fax: 506-457-7388

Telephone: 506-453-2296  
Toll Free: 1-800-561-4012  
Website: [www.vestcor.org/pensions](http://www.vestcor.org/pensions)