

DESIGNATION OF BENEFICIARY FORM

Please note, that change of information will revoke the previous information on record

PLEASE PRINT

MEMBER INFORMATION

LAST NAME OF MEMBER		FIRST NAME, INITIAL		SOCIAL INSURANCE NUMBER/ID#					
<input type="text"/>		<input type="text"/>		<input type="text"/>					
ADDRESS/STREET NUMBER & NAME			BOX NO./APT.NO.	TELEPHONE NO.	CELL PHONE NO.				
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>				
CITY, TOWN, VILLAGE		PROVINCE	POSTAL CODE	DATE OF BIRTH					
<input type="text"/>		<input type="text"/>	<input type="text"/>	M M D D Y Y Y Y					
MARITAL STATUS		EMAIL		LANGUAGE PREFERENCE				GENDER	
<input type="radio"/> SINGLE <input type="radio"/> MARRIED <input type="radio"/> COMMON-LAW <input type="radio"/> SEPARATED <input type="radio"/> WIDOWED <input type="radio"/> DIVORCED		<input type="text"/>		<input type="radio"/> ENGLISH <input type="radio"/> FRENCH				<input type="radio"/> MALE <input type="radio"/> FEMALE	

DESIGNATION OF BENEFICIARY

Your eligible spouse is automatically entitled to any death benefits that may be payable from the pension plan. If you do not have a spouse, or if you have not designated a beneficiary, any payment on your death from the pension plan will be made to your estate.

Eligible spouse: Your spouse is the person you are living with at the time of retirement or death, whichever comes first, to whom you are married or in a common-law relationship.

SPOUSE'S LAST NAME (if different)		SPOUSE'S FIRST NAME, INITIAL		SPOUSE'S SOCIAL INSURANCE NUMBER			
<input type="text"/>		<input type="text"/>		<input type="text"/>			
GENDER		SPOUSE'S DATE OF BIRTH		DATE OF MARRIAGE OR COMMENCEMENT OF CO-HABITATION IF CURRENTLY LIVING WITH SPOUSE			
<input type="radio"/> MALE <input type="radio"/> FEMALE		M M D D Y Y Y Y		M M D D Y Y Y Y			

NON - SPOUSE BENEFICIARY DESIGNATION (If you are naming a minor as a beneficiary, consider obtaining legal advice before proceeding.)

BENEFICIARY'S LAST NAME		FIRST NAME		BENEFICIARY'S DATE OF BIRTH			
<input type="text"/>		<input type="text"/>		M M D D Y Y Y Y			
RELATIONSHIP TO MEMBER	FULL ADDRESS OF BENEFICIARY (if different from yours)			TELEPHONE NO.			
<input type="text"/>	<input type="text"/>			<input type="text"/>			
BENEFICIARY'S LAST NAME		FIRST NAME		BENEFICIARY'S DATE OF BIRTH			
<input type="text"/>		<input type="text"/>		M M D D Y Y Y Y			
RELATIONSHIP TO MEMBER	FULL ADDRESS OF BENEFICIARY (if different from yours)			TELEPHONE NO.			
<input type="text"/>	<input type="text"/>			<input type="text"/>			
BENEFICIARY'S LAST NAME		FIRST NAME		BENEFICIARY'S DATE OF BIRTH			
<input type="text"/>		<input type="text"/>		M M D D Y Y Y Y			
RELATIONSHIP TO MEMBER	FULL ADDRESS OF BENEFICIARY (if different from yours)			TELEPHONE NO.			
<input type="text"/>	<input type="text"/>			<input type="text"/>			

EMPLOYEE DECLARATION

_____ Signature of Member		_____ Date
_____ Witness Name	_____ Witness Signature	_____ Date

Your signature must be witnessed by an adult other than your Spouse or Beneficiary.

A note about privacy: The Plan requires certain personal information about Plan Participants, their employment and their beneficiaries. For example, a pension plan needs to know the birth dates of its Participants and their social insurance numbers. The Plan must also track Participants' wages and their hours of work to ensure that all required contributions are made on their behalf. The Plan requires information about Participants' spouses, or beneficiaries, so benefits can be paid to the appropriate individual in the event of the Participant's death. Most of this information is provided to the Plan by the Participant's employer. Other information is collected directly from Participants. On occasion, the Plan may need to share some of its Participants' personal information with actuaries and other pension professionals. The Plan will take all necessary steps to protect the privacy of this information. By participating in the Plan, you are consenting to the Plan's collection, use and disclosure of this personal information.

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If you change your address please notify the Fund Office immediately