

Designation of Beneficiary (ies)

Section A – Information on the Participant

LAST NAME	FIRST NAME	SOCIAL INSURANCE NUMBER
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
ADDRESS	APT/P.O. BOX	TELEPHONE
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 60%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
CITY	PROVINCE	POSTAL CODE
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 60%; height: 25px;" type="text"/>	<input style="width: 60%; height: 25px;" type="text"/>
EMAIL	BAND NUMBER	NON-NATIVE <input type="checkbox"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	LANGUAGE: FRENCH <input type="checkbox"/> ENGLISH <input type="checkbox"/>	
CIVIL STATUS: MARRIED <input type="checkbox"/> COMMON-LAW PARTNER <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/>		

Section B – Information on the Spouse

LAST NAME	FIRST NAME	SOCIAL INSURANCE NUMBER
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
DATE OF BIRTH	EMAIL	TELEPHONE
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

I would like to receive the spousal waiver form (See "INFO" for more information)

Section C – New designation of Beneficiary (ies) (Other than the spouse)

By completing this section, you revoke any and all previous designations, if applicable, and hereby designate the beneficiaries that follow, to the extent permitted by law (See "INFO" at the back for more information)

LAST NAME	FIRST NAME	DATE OF BIRTH	RELATIONSHIP	%
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
ADDRESS (IF DIFFERENT)		TELEPHONE		
<input style="width: 95%; height: 25px;" type="text"/>		<input style="width: 95%; height: 25px;" type="text"/>		
LAST NAME	FIRST NAME	DATE OF BIRTH	RELATIONSHIP	%
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
ADDRESS (IF DIFFERENT)		TELEPHONE		
<input style="width: 95%; height: 25px;" type="text"/>		<input style="width: 95%; height: 25px;" type="text"/>		
LAST NAME	FIRST NAME	DATE OF BIRTH	RELATIONSHIP	%
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
ADDRESS (IF DIFFERENT)		TELEPHONE		
<input style="width: 95%; height: 25px;" type="text"/>		<input style="width: 95%; height: 25px;" type="text"/>		

Declaration of the Participant

I certify that to my knowledge, the information provided is complete, truthful and correct.

SIGNATURE OF THE PARTICIPANT

DATE

Section A – Information on the Participant

You must fill each box to ensure that your file is complete and that no information is missing.

Section B - Information on the Spouse

You must complete this section if your civil status is: married, common-law partner or separated.

In completing this section, you need not designate your spouse as your beneficiary. In the event of your death, benefits will be payable to your spouse before they are payable to your beneficiaries.

If you do not wish your spouse to be eligible to receive benefits under any circumstances, you must send us the *Spousal Waiver* form duly signed by your spouse. Simply contact our customer service to receive a copy of this form.

Section C – New designation of Beneficiary (ies) (Other than the spouse)

Note that by completing this section, you revoke any and all previous designations, if applicable, and hereby designate the beneficiaries that follow, to the extent permitted by law.

If you do not indicate the percentage allotted to each designated beneficiary, the death benefit will be paid to each in equal shares. If a beneficiary dies before you, his/her share will be shared between the surviving beneficiaries.

You need not designate your spouse as your beneficiary in this section. Your spouse already qualifies as the main beneficiary.

If a previous designation was entered as “irrevocable”, you must obtain the written consent of this beneficiary through the *Irrevocable Beneficiary Change request* form in order to proceed with a new designation.

If you would like to designate you beneficiaries as “irrevocable”, you must complete the *Irrevocable Beneficiary Designation* form. Simply contact our customer service to receive a copy of this form.

Declaration of the Participant

Do not forget to sign your form. If not signed, it will be returned to you for signature.

In the event that the beneficiary designated on this form dies before you and no other designation is made, the death benefit will be paid to your heirs under the terms of the provisions of the **Pension Benefits Standards Act, 1985**, and in conformity with Plan regulations.