



**MEMBER INFORMATION**

Social Insurance Number				Date of Birth (yyyy/mm/dd)				Home Local		Gender	
Last Name				First Name				Middle Name			
Address										Apt/ Suite #	
City				Province		Postal Code		Country			
Email				Primary Phone				Other Phone			

**MARITAL STATUS**

If you are separated or divorced, please provide our office with certified copies of all court orders and/or agreements about your separation or divorce. If you are widowed, please provide our office with a copy of your Spouse's death certificate.

Married     Common-law     Divorced     Separated     Widowed     Single

**If Married:** Provide date of marriage

➤ Date \_\_\_\_\_ (yyyy/mm/dd)

**If Common-Law:** Provide date of cohabitation

**➤ Spouse or Common-Law Partner**

Social Insurance Number				Date of Birth (yyyy/mm/dd)				Gender			
Last Name				First Name				Middle Name			

**➤ Additional Information**

Do you have BOTH (a) a Spouse to whom you are married, but from whom you are separated but not divorced, and (b) a Common-Law Partner?

Yes     No    If you answered "Yes" complete the information below for each Spouse/Common-Law Partner.

Former Spouse's Last Name		First Name		Middle Name		Date of Birth (yyyy/mm/dd)	
Common-Law Partner's Last Name		First Name		Middle Name		Date of Birth (yyyy/mm/dd)	

**BENEFICIARY DESIGNATION**

You may use the following section to designate a Beneficiary(ies) to receive:

- (a) Pre-retirement death benefits payable under the Plan if you die before beginning to receive a pension; and
- (b) The remaining balance of the pension payments in the 60-payment guarantee period, if applicable, if you die after beginning to receive a pension, but before receiving 60 payments.

**IMPORTANT: Please read carefully before completing the next section**

1. Pre-retirement death benefits must be paid in accordance with applicable law. This may mean that pre-retirement death benefits must be paid to a person other than the person(s) you designate as a Beneficiary.
2. In most cases, the person who is your Spouse or Common-Law Partner on your date of death is automatically, by law, entitled to any pre-retirement death benefits payable under the Plan – even if you do not designate them as a Beneficiary. They may elect to waive their right to receive any pre-retirement death benefits.

**BENEFICIARY DESIGNATION (CONT'D)**

3. If you do not have an eligible Spouse or Common-law Partner on your date of death (or your Spouse/Common-law Partner has waived their rights to a benefit upon your death) and/or no Beneficiary(ies) is named or the named Beneficiary(ies) dies before you, any Plan benefits payable following your death will be paid to your Estate.

➤ **PRIMARY BENEFICIARY: If your Marital Status is NOT married or common-law, please complete this section for who your primary beneficiary(ies) is/are. For married or common-law status, please skip to Secondary Beneficiary.** Percentage Allocation must equal 100% or check this box  to allocate any benefits payable to be divided equally among all your primary beneficiaries. If you require more space, attach, and sign a separate page.

Name	Relationship	Social Insurance Number	Percentage
Address		Date of Birth (yyyy/mm/dd)	_____ %
Name	Relationship	Social Insurance Number	Percentage
Address		Date of Birth (yyyy/mm/dd)	_____ %

➤ **SECONDARY BENEFICIARY: For non-spouse beneficiaries only in the event that your primary beneficiary(ies) dies before you.** Percentage Allocation Must Equal 100% or check this box  to allocate any benefits payable to be divided equally among all your secondary beneficiaries. If you require more space, attach, and sign a separate page.

Name	Relationship	Social Insurance Number	Percentage
Address		Date of Birth (yyyy/mm/dd)	_____ %
Name	Relationship	Social Insurance Number	Percentage
Address		Date of Birth (yyyy/mm/dd)	_____ %

**AUTHORIZATION AND SIGNATURE (THIS SECTION MUST BE COMPLETED)**

I, \_\_\_\_\_, (print name) hereby revoke any previous designation(s) made by me and designate the person(s) named in this form as the person(s) entitled to receive certain benefit payments from the LiUNA Pension Fund of Central and Eastern Canada payable following my death. I hereby declare that the information I have provided in this form is true and accurate. I understand that the information provided above (including my social insurance number) is used and may be disclosed to third parties for the purpose of administering my pension benefits (including complying with federal tax reporting laws) and I hereby consent to the use and disclosure of this information for such purposes. I acknowledge that it is my responsibility to advise the LiUNA Pension Fund of Central and Eastern Canada of any change of address, marital status and/or Beneficiary information.

Signature	Date (yyyy/mm/dd)
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