STEELWORKERS PENSION PLAN
BUILDING YOUR FUTURE. **TOGETHER**.

Registration Number: 0222737
Administered by: Benefit Plan Administrators Ltd.
PO Box 3071, Station "A"
Mississauga, ON L5A 3A4

Phone: (905) 275-6466
Toll Free: 1(800) 867-5615
Fax: (905) 275-6462
steelworkerspensionplan.ca

PENSION PLAN APPOINTMENT OR CHANGE OF BENEFICIARY

(PLEASE PRINT CLEARLY)

MEMBER'S NAME	(LAST NAME) (FIRST NAME) (MIDDLE NAME)	
DATE OF BIRTH	(YY) (MM) (DD)	SOCIAL INSURANCE NUMBER:
MARITAL STATUS	SINGLE ☐ MARRIED ☐ COMMON-LAW ☐ DIVORCED ☐	
LANGUAGE	ENGLISH ☐ FRENCH ☐	GENDER: MALE ☐ FEMALE ☐
MAILING ADDRESS	(ADDRESS) (UNIT/APT)	
	(CITY) (PROVINCE) (POSTAL CODE)	

SPOUSE (SEE NOTE 1 ON REVERSE SIDE)

NAME	(LAST NAME) (FIRST NAME) (MIDDLE NAME)	
DATE OF BIRTH	(YY) (MM) (DD)	SOCIAL INSURANCE NUMBER:

I _____ DO HEREBY REVOKE ANY AND ALL PREVIOUS DESIGNATONS AND
(MEMBER NAME)

APPOINTMENTS OF BENEFICIARIES MADE BY ME UNDER THE TERMS OF THE PLAN, AND DO HEREBY DECLARE THAT ANY SUMS PAYABLE UNDER THE SAID PLAN BY REASON OF MY DEATH SHALL BE PAID AS THEY RESPECTIVELY FALL DUE TO:

IF NO SPOUSE, MY DESIGNATED PRIMARY BENEFICIARY IS: (SEE NOTE 2 ON REVERSE SIDE)

NAME	(LAST NAME) (FIRST NAME) (MIDDLE NAME)		
RELATIONSHIP TO MEMBER		DATE OF BIRTH: (YY) (MM) (DD)	SOCIAL INSURANCE NUMBER:

UNLESS THE LAW REQUIRES OTHERWISE, IF THE ABOVE NAMED PREDECEASES ME ANY BENEFIT PAYABLE ON AND AFTER MY DEATH IS TO BE PAID TO MY CONTINGENT BENFEFICIARY(IES) NAMED BELOW. IF THERE IS NO CONTINGENT BENEFICIARY(IES), ANY BENEFIT PAYABLE, WILL BE PAID TO MY ESTATE.

CONTINGENT BENEFICIARY(IES)

LAST NAME	FIRST NAME	RELATIONSHIP TO MEMBER	DATE OF BIRTH (YY) (MM) DD)	% OF DISTRIBUTION
				TOTAL 100%

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PLEASE COMPLETE BOTH SIDES OF THIS FORM (SEE OVER)

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To the Member: Benefit Plan Administrators Limited (BPA) has collected the personal information on this form (and any attachments you may have provided) from you for use in the administration of the Pension Plan and your resulting entitlements.

This personal information will be used to maintain the Plan's member records; calculate your entitlements and/or (as applicable) those of a beneficiary; ensure that the benefit payments, payouts and/or transfers are received as scheduled; provide you and (as applicable) any beneficiaries with documentation relating to the operation of the Plan and resulting entitlements; and to generally administer the Plan.

Some or all of your personal information may be disclosed to your spouse and/or beneficiary if he/she becomes entitled to benefits under the Plan so as to give effect to those entitlements. Some or all of your personal information may be disclosed to third-party plan custodians, auditors and actuaries so that they can perform services in connection with the administration of the Plan and its compliance with applicable legal and regulatory requirements. Such personal information may also be disclosed as required or permitted by law.

I UNDERSTAND THAT ANY BENEFITS PAYABLE FROM THIS PLAN WILL BE ADMINISTERED IN ACCORDANCE WITH MY DESIGNATIONS AS RECORDED ON THE OTHER SIDE OF THIS FORM, AND I CONSENT TO THE ABOVE-DETAILED COLLECTION, USE AND DISTRIBUTION OF PERSONAL INFORMATION.

_____	_____	_____
MEMBER SIGNATURE	MEMBER'S NAME (PLEASE PRINT)	DATE
_____	_____	
WITNESS SIGNATURE **	DATE	

**** WITNESS MUST BE SOMEONE OTHER THAN YOUR SPOUSE/BENEFICIARY**

NOTE 1
For purposes of the Plan, "Spouse" of a Member on any date means either of two persons who,

(a) Are married to each other, or
(b) Are not married to each other and are living in a conjugal relationship,
  (i) Continuously for a period of not less than three years, or
  (ii) In a relationship of some permanence, if they are the parents of a child as set out in section 4 of the Children's Law Reform Act

NOTE 2
You reserve the right to change the beneficiary, subject always to the provisions of any law or government regulation governing designation of beneficiaries in force from time to time which may apply. If the named beneficiary(ies) predeceases you and no other has been appointed, such proceeds shall be payable to your ESTATE.

Any payments due to a minor will be paid into court until that minor reaches age 18. If you wish to avoid this, you must consult an estate planning lawyer for advice.

Please complete **both sides** of this form in detail. Any benefits you may be entitled to under your pension plan may not be paid until this form is **completed, dated, signed and filed with the plan administrator.**

PLEASE RETURN COMPLETED FORM TO: Benefit Plan Administrators Limited
P.O. Box 3071, Station 'A'
Mississauga, ON L5A 3A4

PLEASE COMPLETE BOTH SIDES OF THIS FORM (SEE OVER)