

PENSION CHANGE FORM

Canadian Forces Non-Public Funds (NPF) Pension Plan

OSFI # 55228, CRA # 0277954

(Registered under the Pension Benefits Standards Act, R.S. 1985, c. 32 (2nd Supp.))

** Please use blue pen

Reason For Change: Beneficiary Name Address Marital Status Other _____

Mr. Mrs. Ms. Miss. Last	First	Initial	Employee #
Complete Mailing Address Street: Province: Postal Code: City:			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law

Beneficiary: If the named Beneficiary (ies) predecease(s) me and no other beneficiary has been appointed such proceeds shall be payable to my Estate. I reserve the right to change the Beneficiary from time to time, subject always to the provisions of any law or governmental regulation governing the Designation of Beneficiaries which may apply.

According to federal law, your spouse/common law partner must be appointed beneficiary.

Therefore, I appoint as my beneficiary to receive any payment in accordance with the plan that may fall due after my death:

EE Initials

1.	Name:	Street Address:	City/Province:	Postal Code:	
Date of Birth:	Telephone:	Relationship:	Gender:	Social Insurance #:	Percentage:
2.	Name:	Street Address:	City/Province:	Postal Code:	
Date of Birth:	Telephone:	Relationship:	Gender:	Social Insurance #:	Percentage:

DECLARATION APPOINTING TRUSTEE

**Please appoint a Trustee if the Beneficiary is under 18 years of age.

Trustee:	Telephone:
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Marital Status: With a joint and survivor 60% pension, the amount of pension may be reduced on the death of the member. The amount cannot be less than 60 per cent of the pension benefit that would have been payable to the member or former member had the death not occurred.

The term common-law partner means: "a person who is co-habiting with the member in a conjugal relationship, having so co-habited for a period of at least one year".

The term spouse "includes a person who is party to a void marriage with the individual".

My spouse's name is _____

This person became my spouse on ____/____/____ OR I have been living in a conjugal relationship since ____/____/____

My former spouse's name is _____

This person became my spouse on ____/____/____ Our relationship terminated effective ____/____/____

Due to: Legal Separation Death Cessation of co-habitation Divorce

Member's signature _____ Date _____

Signature of Witness _____ Printed Name _____ Date: _____

Distribution: Original to Comp, Pen & Ben Section (for HQ file); copy to employee's personal file at base/wing