

**CANADIAN FORCES NON-PUBLIC FUNDS (NPF) EMPLOYEES' PENSION PLAN
CHANGE OF BENEFICIARY**

Mr. Mrs. Ms. Miss.	Last	First	Initial	EMPLOYEE # (PENSION #)
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I appoint as my beneficiary to receive any payment in accordance with the plan that may fall due after my death:

	Beneficiary Name	Date of Birth mm/dd/yyyy	Telephone	Relationship	Percentage
1.					
2.					
3.					

DECLARATION APPOINTING TRUSTEE

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

TRUSTEE	Telephone
Last Name	First Name

If the above-named Beneficiary predeceases 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.

Signature of pension plan member	Date
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Signature of witness	Date
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Distribution: Original to CFPSA PBA (for HQ file); Copy to employee's personal file at base/wing/unit.