

CHANGE OF NAME

Pension Plan Name Division	S.I.N. / I.D. Number
I hereby direct that my name be changed From <div style="display: flex; justify-content: space-around; width: 80%; margin: 0 auto;"> (LAST) (FIRST) (OTHER) </div> <div style="text-align: right; margin-right: 20px;"> FORMER SIGNATURE </div> To <div style="display: flex; justify-content: space-around; width: 80%; margin: 0 auto;"> (LAST) (FIRST) (OTHER) </div> SIGNATURE OF EMPLOYEE	

CHANGE OF NAME OF EMPLOYEES' PRESENT BENEFICIARY

Please **DO NOT** use this section when changing your beneficiary from one person to another. Use this section only to record a change in your beneficiary's name: see reverse of this form for section to be used in appointing new beneficiary.

Pension Plan Name Division	S.I.N. / I.D. Number
I, <div style="display: flex; justify-content: space-around; width: 80%; margin: 0 auto;"> (LAST) (FIRST) (OTHER) </div> hereby request that the name of my present beneficiary be changed From <div style="display: flex; justify-content: space-around; width: 80%; margin: 0 auto;"> (GIVEN NAME IN FULL) (LAST NAME) </div> <div style="text-align: right; margin-right: 20px;"> MY RELATIONSHIP </div> To <div style="display: flex; justify-content: space-around; width: 80%; margin: 0 auto;"> (GIVEN NAME IN FULL) (LAST NAME) </div> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> DATE SIGNATURE OF EMPLOYEE </div>	