

DESIGNATION OF BENEFICIARY

Monthly pension benefits

This form is for members who have started a monthly pension with the CSS Pension Plan. This form must be dated, signed and received by the CSS Pension Plan to be valid. Please send your completed form via mail, fax, or email to the address above (members entitled to benefits under federal jurisdiction must mail in original copy).

Section A: Member information

I _____,

Member ID _____ **OR** Social Insurance Number _____ - _____ - _____ hereby notify the Co-operative Superannuation Society Pension Plan that, in respect of the monthly pension being received from the Co-operative Superannuation Society Pension Plan, I wish to:

☐ **designate as my beneficiary,**

☐ **change my beneficiary,**

as follows:

Full name of beneficiary		
Mailing address		
Social Insurance Number	Date of birth (dd/mmm/yyyy)	Relationship

In the event of my death before the expiry of the pension guarantee period, pension payments for the remaining portion of the guarantee period are to be made to the named beneficiary(ies). *Please see the next page if you wish to name more than one beneficiary.*

Dated at _____ this _____ day of _____, _____

Signature of witness:

Signature of pensioner:

Address:

Address:

Section B: General beneficiary(ies)

If more than one beneficiary is to be named, each beneficiary will share equally in any survivor benefits. Please provide full details of multiple beneficiaries below.

Name in full	Relationship	Date of birth (dd/mmm/yyyy)	Social Insurance Number
Address			

Section B: General beneficiary(ies) CONT'D

Name in full	Relationship	Date of birth (dd/mmm/yyyy)	Social Insurance Number
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Address

Name in full	Relationship	Date of birth (dd/mmm/yyyy)	Social Insurance Number
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Address

Section C: Designation of an adult trustee for minor children

Please complete this section only if one or more beneficiaries listed in Section B are under the age of 18. If your spouse is intended to receive the death benefit, they cannot be named adult trustee.

I hereby designate the individual named below as trustee for any minor children listed in Section B:

Name of trustee		
Address	Email	
Birthdate (dd/mmm/yyyy)	Home/cell phone	Work/other phone

Privacy notice: Personal information on this form is collected under the authority of relevant privacy legislation for pension administration purposes. Please review the Privacy Policy as posted to the CSS Pension Plan's website. If you have questions regarding the collection of this information, write to:

CSS Pension Plan

ATTN: Privacy Officer
5th Floor – 333 3rd Avenue N
PO Box 1850
Saskatoon, SK S7K 3S2