



# INDUSTRIAL CARPENTERS' BENEFIT PLAN

215 – 3480 Gilmore Way, Burnaby, BC V5G 4Y1

PH. (604) 438-2434 FAX (604) 438-5348

Toll Free 1 877 411 2806 website www.cwbp.ca

## CHANGE OF LIFE INSURANCE BENEFICIARY FORM

Member's Name: \_\_\_\_\_

Member No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- ◆ I hereby designate the following beneficiary for LIFE INSURANCE PURPOSES, and revoke any previous existing beneficiary there-under.
- ◆ I reserve the right to change my beneficiary, subject to statutory restrictions.

Name of Beneficiary (s): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_

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MEMBER'S SIGNATURE: \_\_\_\_\_ Date signed: \_\_\_\_\_

WITNESS' SIGNATURE: \_\_\_\_\_ Print name of witness: \_\_\_\_\_

**The original completed, signed and witnessed form must be received by the Industrial Carpenters' Benefit Plan administration office in Vancouver before any changes can be made to the member's record.**