



### CMAW Benefit Plan

#160 – 4400 Dominion Street, Burnaby, BC V5G 4G3

TEL (604) 299-7482 TOLL FREE 1-800-663-1356 FAX (604) 299-8136  
WEBSITE www.cwbp.ca

## CHANGE OF BENEFICIARY FORM

This form is to be used when a member of CWBP wishes to change his/her beneficiary under the Plan, in accordance with the terms and conditions of the Plan.

MEMBER NUMBER	YOUR LAST NAME (PLEASE PRINT)	YOUR FIRST NAME

I hereby designate the following beneficiary for Benefit Plan purposes and revoke any previous existing beneficiary thereunder.

I reserve the right to change my beneficiary, subject to statutory restrictions and benefit legislation of the province of BC.

NAME OF BENEFICIARY	DATE OF BIRTH	RELATIONSHIP
MEMBER SIGNATURE	WITNESS SIGNATURE	DATE SIGNED

### IMPORTANT

If your beneficiary is under age 19, you should consider naming a trustee for that beneficiary. Consult your lawyer for more information about naming a trustee.

RETURN TO

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