



INDUSTRIAL CARPENTERS' BENEFIT PLAN
160 – 4400 Dominion Street, Burnaby, BC V5G 4G3
PH. (604) 299-7482 FAX (604) 299-8136
Toll Free 1 800 663-1356 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 before any changes can be made to the member's record.