



CMAW Benefit Plan

1000 – 4445 Lougheed Hwy, Burnaby, BC V5C 0E4
Toll – Free: 1.844.366.2629 Fax: 604.433.8894

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 (MM/DD/YY)	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

CMAW Benefit Plan
1000 – 4445 Lougheed Hwy
Burnaby, BC V5C 0E4