

**ONTARIO TEAMSTERS MULTI LOCAL PENSION TRUST FUND
LOCAL 647 DIVISION**

Canada Revenue Agency Registration Number 0278408

CONFIRMATION OF BENEFICIARY FORM

Caution: *Your confirmation of Beneficiary by means of this Form will not be revoked or changed automatically by any event including a future marriage or divorce. Should you wish to change your Beneficiary for any reason, you must do so by means of a new Confirmation of Beneficiary Form.*

Member's Name (print): _____

I hereby confirm that the Beneficiary appointed by me to receive any Pension payments falling due after my death after my retirement is:

BENEFICIARY INFORMATION INCLUDING PERSONAL INFORMATION OF THE BENEFICIARY

Name of Beneficiary: _____

Beneficiary's Date of Birth: _____

Beneficiary's Social Insurance Number: _____

Beneficiary's Address: _____

City/Province: _____ Postal Code: _____

Tel No: _____ Relationship to Member: _____

If my Beneficiary predeceases me and no other has been appointed, such proceeds shall be payable to my Estate.
I hereby consent the use of my Personal Information for record keeping, reporting and Plan administration purposes.

Plan Member's Signature

Date

Printed Name and Signature of Witness *

Date

Witness' Address, Telephone Number and E-mail Address (Please Print)

**Witness cannot be a family member.*

I hereby consent the use of my Personal Information for record keeping, reporting and Plan administration purposes.

Beneficiary's Signature

Date

Please keep a copy of this Form for your records.

Any person entitled to a Benefit, or the Pension partner or the designated beneficiary or agent of that person is permitted to examine the Plan documents.

Privacy Statement: The Plan will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plan. Personal Information will be protected pursuant to the applicable legislation. The Plan may use and exchange information with relevant persons and organizations including the Trustees, institutions, investigative agencies, unions, insurers, re-insurers, auditors, legal counsel, actuaries, payroll/payment providers and regulatory authorities in order to manage the Plan and entitlement to the benefits of the Plan. Questions related to the Privacy Policy should be directed to the Benefit Administration Office.