

### TPWOF Beneficiary Change Form

**Required:**

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b> <small>(YYYY-MM-DD)</small>	<b>Badge No.:</b>
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**Instructions:** Please read the instructions provided on this form.

**BENEFICIARY DESIGNATION**

I hereby designate the following person(s) named below as my beneficiary(ies) to receive all benefits payable from the Fund upon my death. Any former designation of beneficiary(ies) made by me is hereby cancelled and replaced by the designation(s) hereunder.

<input type="checkbox"/>	<b>Pay Funeral Costs First</b> <i>(Check here if applicable)</i>
Balance to be divided as follows:	<input style="width: 40px;" type="text"/> As per the percentages indicated below, or <input style="width: 40px;" type="text"/> In equal shares to the identified survivor(s)

**Primary Beneficiary Name(s)**

Last Name	First Name	Phone #	Allocation (%)	Relationship to Member

**Contingent Beneficiary Name(s)**

Last Name	First Name	Phone #	Allocation (%)	Relationship to Member

*Benefits designated to minors under the age of 19 years will be held in Trust by the Fund unless a Trustee is appointed. Please complete the Trustee information here:*

✓ Minor Clause – Check Trustee for Children:

**Trustee For Children**

Full Name (Please print)	Relationship to Life Insured
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Is hereby appointed as Trustee to receive any payment due on or after the life insured's death to any BENEFICIARY DESIGNATED in this form who is a minor on the date such proceeds are payable.

I reserve the right to revoke any beneficiary designation I have made.

**Complete the Authorization Below**

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### AUTHORIZATION

<b>Member Name:</b> <i>(please print)</i>		Badge No.
Email:	Phone #	
<b>Member Signature:</b>		Date (YYYY-MM-DD)
<b>Witness:</b> <i>(Anyone listed as a beneficiary cannot witness this form)</i>		
Witness Name (print)	Witness Signature	Date (YYYY-MM-DD)
Witness Address:		
<b>Office Purposes Only</b>		
<b>CEO or Director Signature</b>		Approval Date:

Please read the instructions and definitions on both sides of this form before completing it. The Fund assumes no responsibility for a designations's validity or sufficiency.

*Please PRINT ALL NAMES (Full Name, Relationship to Life Insured, Percentage)*

*Beneficiary allocation must sum 100.0% in order for your changes to be approved*

*Date and sign as required*

*This form is not valid unless it is witnessed by a person not named as a beneficiary. Please include the printed name and address of the Witness.*

*You may change this beneficiary designation at any time upon written notice to the Fund.*

**Payment of Beneficiaries:** Unless you specify otherwise, the Fund will pay the death benefit as follows:

1. Funeral Costs, if indicated; or
2. To any primary beneficiaries who are alive when a benefit is payable; or
3. If no primary beneficiary is then alive, to any contingent beneficiaries who are then alive; or
4. If no beneficiary is then alive:
  - a. To the estate of the Insured Member; otherwise
  - b. To the estate of any beneficiaries who died after the Insured Member.

If a beneficiary dies before the benefit is payable, his or her share will be allocated equally among any surviving beneficiaries unless you specify otherwise.

*Please return your updated Beneficiary Change Form to the TPWOF office through internal mail or Canada Post to 2075 Kennedy Rd., Suite 200, Toronto, ON M1T 3V3 or electronically to [admin@tpwof.ca](mailto:admin@tpwof.ca) .*

*If you have any questions, or to require a form to update a name change or contact information, please download the form(s) from our website or call our office at 416-502-8711 or email us at [admin@tpwof.ca](mailto:admin@tpwof.ca) .*