

# HEAT AND FROST INSULATORS UNION LOCAL 118, PENSION PLAN

## MEMBER RECORD CARD

PLEASE PRINT CLEARLY

Name \_\_\_\_\_ Soc. Ins. No. \_\_\_\_\_

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Spouse \_\_\_\_\_  
SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

I hereby authorize the use of my Social Insurance Number in connection with the administration of the Plan. I hereby nominate and request that if I do not have a Spouse at the time of my death, any sums payable upon or after my death under the terms of the Plan shall be payable to:

Alternate Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

If living, otherwise my estate, reserving to myself the right to change this appointment.

My birth date: \_\_\_\_\_ Spouse's birth date: \_\_\_\_\_ Alternate's birth date: \_\_\_\_\_

Dated at \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

When card is fully completed it should be mailed to the Administrator of the Plan at the following address:

Signature \_\_\_\_\_

D.A. Townley and Associates Ltd. #101-4190 Lougheed Hwy., Burnaby, B.C. V5C 6A8 604-299-7482 1-800-663-1356