



VARIABLE BENEFIT OTHER NAMED BENEFICIARY(IES)

Privacy Policy Information collected by the Capital Pension Plan shall be used and disclosed for the provision of benefits available from the Plan and compliance with applicable legislation. By completing this form, you are providing your consent to use this information for the above stated purposes.

Member Information

Member ID/Social Insurance Number	Surname	First Name and Initial
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Named Beneficiary(ies)

<input type="checkbox"/> Estate; or				
Beneficiary Surname	Beneficiary First Name and Initial	Date of Birth	Relationship	Percentage
		<i>Day Month Year</i>		
		<i>Day Month Year</i>		
		<i>Day Month Year</i>		
		<i>Day Month Year</i>		
		<i>Day Month Year</i>		
		<i>Day Month Year</i>		
		<i>Day Month Year</i>		
		<i>Day Month Year</i>		
		<i>Day Month Year</i>		
		<i>Day Month Year</i>		100%

Member Authorization

I wish to make the changes indicated above effective immediately. X _____ Member Signature	Date <i>Day Month Year</i>
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