

THE ANGLICAN CHURCH OF CANADA

THE GENERAL SYNOD PENSION PLAN

APPOINTMENT OF BENEFICIARY FORM

MEMBER (Please Print)

Last Name	Given Names
Diocese/Employer	SIN #

PRIMARY BENEFICIARY(IES) (Please Print)

ESTATE <input type="checkbox"/>	
OR	
Last Name	Given Names
Address	
Relationship to Member	% Share of Benefits - if not 100% or divided evenly
Last Name	Given Names
Address	
Relationship to Member	% Share of Benefits - if not 100% or divided evenly

If there are more than two beneficiaries, please attach list.

TRUSTEE FOR UNDERAGE BENEFICIARIES - only if naming a beneficiary under the age of 18

Last Name	Given Names
Address	
Relationship to Member	

BACK-UP BENEFICIARY(IES) - if no beneficiary named above is alive to receive death benefits

Last Name	Given Names
Address	
Relationship to Member	

If there is more than one back-up, please attach list including share of benefits

Member's Signature	Witness' Signature	Date
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