



International Painters and Allied Trades Industry Pension Fund

Fiddlers Green Postal Outlet, PO Box 81032 • Ancaster, ON L9G 4X1
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pension@iupat.org • www.iupatpension.org



Beneficiary Designation

Complete and submit this form to the Fund office to change your beneficiary of record.

Section A: Participant/Annuitant Information

Name: _____ SIN: _____
First Middle Last

Section B: Beneficiary Information - Canadian Pension

I hereby designate the following person as my Beneficiary to receive the lump sum death benefit, if any, payable at my death under the Rules and Regulations of the IUPAT Industry Pension Plan.

Name: _____
First Middle Last SIN DOB Relationship

Address: _____
Street City State Zip Code

In addition, I hereby designate the following person as my Contingent Beneficiary in case my above-named Beneficiary does not survive me.

Name: _____
First Middle Last SIN DOB Relationship

Address: _____
Street City State Zip Code

Section C: Participant Authorization

I hereby request the International Painters and Allied Trades Industry Pension Fund to change my beneficiary of record as stated above. I understand that this form must be witnessed and received by the Fund for processing to occur.

Participant/Annuitant Signature: _____ Date: ___ / ___ / ___
Must be signed in the presence of a Witness.

Section D: Witness Verification

Before me, an unrelated witness, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes and consideration therein expressed.

Signed in my presence on _____ day of _____, 20 ____.

Signature of Witness

Phone Number of Witness

Please return this form to the Fund office at the address listed above.
Please note any changes are effective upon receipt of this form in the Fund office.