The University of Winnipeg Trusteed Pension Plan Registration No. 0309914

CHANGE OF INFORMATION

Name of Member:				ID.:	
		Change in N	lame		
Member's Name has changed fro	m:				
	to:				
Effective date of change	Year	Month	Day		
Reason for change	□ Marriage □ Other		☐ Separation	☐ Divorce	
	N	Marital Status De	eclaration		
In accordance with the Manitoba Pe	nsion Benefits Act	and its Regulation	s and for the purpose of t	he Pension Plan:	
b) the person who, n i) for a peri	s: vith you, registered	a common-law rel you, has been co years, if either of	habiting with you in a con you is married or	3.1 of <i>The Vital Statistics Act</i> , or njugal relationship	
I hereby declare that for the purpose	of the Pension Pla	an:			
☐ I do not have a spouse or co	mmon-law partner.				
□ I have a spouse.					
		Spouse's Name		Date of Birth (day, month, year)	
☐ I have a common-law partne	·. Co	Common-Law Partner's Name		Date of Birth (day, month, year)	
	-	Appointment of B	Seneficiary		
You may appoint anyone to be you requires the pre-retirement death be	r beneficiary. If you	u have a spouse o	or common-law partner a	t your date of death, pension legislation	
i. you are living separate and ii. your spouse or common-la of Survivor Death Benefit (l	w partner has waiv			relationship breakdown, or enefit by completing Manitoba's Waiver	
	he event of a future	e marriage or dive	orce, you will have to do	future marriage or divorce. Should you so by means of a new appointment. All rces.	
All beneficiary designations are revo	cable.			Continued on page 2	

	Appointment of Bene	eficiary (continued from page	1)		
I hereby appoint the following person Plan. Unless the law requires otherw equal shares, or if there is no surviving	rise, the entitlement of any	beneficiary who predeceases m			
If you do not appoint a beneficiary, you	our beneficiary by default v	vill be your estate.			
Last Name	First Name	Relationship to you	% Payable to each	Mir	nor
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
If one or more of the beneficiaries is date benefits become payable the appointment shall terminate once the Name of Trustee	beneficiary is a minor, t	he benefit shall be paid in tre	ust to the appointed to		e trustee
	Appointment of	of Contingent Beneficiary			
Your contingent beneficiary will only your pension death benefits. I hereby appoint the following person Pension Plan.					
Last Name	First Name	Relationship to you	% Payable to each	Minor	
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
If one or more of the contingent to agreement. If at the date benefits be trustee. The trustee appointment shared appointment s	come payable the contingental terminate once the contingent	ent beneficiary is a minor, the bingent beneficiary reaches the a	enefit shall be paid in tri ge of majority.		ppointed
Date			Signature of Employe	ee	