THE MINISTERS' PENSION PLAN
OF
THE FREE METHODIST CHURCH IN CANADA
BENEFICIARY DESIGNATION / NAME CHANGE

Member's Name: _____
(Please Print) First Name Initial Last Name

Social Insurance Number: _____

Reason for Change: _____

COMPLETE THIS SECTION FOR DESIGNATION OR CHANGE OF BENEFICIARY

I, the above named Member, wish to exercise my right to change my beneficiary under The Ministers' Pension Plan of The Free Methodist Church in Canada. This designation is revocable unless otherwise stated.

Beneficiary: _____
(Please Print) First Name Initial Last Name

Relationship: _____ Date of Birth *(if Beneficiary is Spouse)*: _____
dd/mm/yyyy

Beneficiary: _____
(Please Print) First Name Initial Last Name

Relationship: _____

Signed at _____ this _____ day of _____, 20_____

_____ _____
Signature of Member Signature of Witness (other than the Beneficiary)

The Ontario Pension Benefits Act requires that certain death benefits under the Plan be paid to the Member's Spouse, unless a waiver is completed by both the Member and the Spouse.

COMPLETE THIS SECTION FOR CHANGE OF MEMBER'S NAME

New Name: _____
(Please Print) First Name Initial Last Name

Signed at _____ this _____ day of _____, 20_____

_____ _____
Signature of Member Signature of Witness