



ADDITIONAL BENEFICIARIES

This form must be accompanied by a 'Designating a Beneficiary' form. DO NOT name your spouse/pension partner on this form. Name who should be next in line for your benefit after your spouse/pension partner.

Member Information

Social Insurance Number

Ms. Miss Mrs. Mr. Dr.

Date of birth

yyyy mm dd

(please use ink and print)

Name last

First

Initial

Beneficiary Designation

I designate the following individual(s) or organization(s):

Use this form if you wish to name more than two beneficiaries.

List the first two beneficiaries on the 'Designating a Beneficiary' form and additional names on this form.

Please sign and date both forms using the same date.

Have your signature on both forms witnessed.

Name last

First

Initial

Date of birth

yyyy mm dd

Ms. Miss Mrs. Mr.

Address street

Relationship to you

city

() Telephone home

province

postal code

() Telephone work

Name last

First

Initial

Date of birth

yyyy mm dd

Ms. Miss Mrs. Mr.

Address street

Relationship to you

city

() Telephone home

province

postal code

() Telephone work

I understand the above designation will cancel and replace any previous beneficiary designation I may have filed with the Alberta Teachers' Retirement Fund Board.

Member Signature

This form is a legal document. ATRF requires the original, not a facsimile.

Date must be the same as on the 'Designating a Beneficiary' form.

Signature

Date

yyyy mm dd

Signature of Witness (not a beneficiary)

Date

yyyy mm dd

Alberta Teachers' Retirement Fund Board

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