

# Change of Beneficiary

A. Company Identification				
Name of Employer (if applicable)				
Type of Plan (tick all that apply)				
<input type="checkbox"/> Registered <input type="checkbox"/> Non-Registered <input type="checkbox"/> Savings <input type="checkbox"/> Wealth Builder <input type="checkbox"/> Individual Retirement <input type="checkbox"/> Defined Benefit				
B. Member Information				
Member Name			Social Insurance Number	
Mailing Address				
Contact Number (day)	Mobile Number	Email Address		
C. Change of Beneficiary				
Subject to any statutory restrictions affecting this appointment, I hereby revoke all previous beneficiary designations or appointments made by me in respect of the above plan, and direct that the benefit payable on my death shall be payable to the person(s) named below. If the named beneficiary does not survive me, the said proceeds will be payable to my estate.				
Beneficiary Full Name	% of Benefit	Relationship to Member	Date of Birth (mm/dd/yy)	Address and Contact Numbers
(Please assign a trustee if the above beneficiary(ies) is under 18 years of age, as minors cannot give a valid receipt and discharge for benefits payable).				
Trustee Full Name	% of Benefit	Relationship to Member	Date of Birth (mm/dd/yy)	Address and Contact Numbers
	N/A			

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date (mm/dd/yy)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date (mm/dd/yy)

**Please send completed forms to Argus Pensions via fax (441) 296-7920 or email [pensions@argus.bm](mailto:pensions@argus.bm)**