



McMaster University  
Human Resources Services

### PENSION BENEFICIARY APPOINTMENT FORM

From: \_\_\_\_\_  
*Employee Name (Please Print)* *McMaster I. D. Number*

**I revoke any and all previous beneficiary appointments and hereby appoint as beneficiary under the McMaster Contributory Pension Plan, the following \_\_\_\_\_ beneficiaries:**  
# of beneficiaries appointed

_____ <i>Beneficiary #1 Surname</i>	_____ <i>Given Names</i>	_____ <i>Relationship</i>
_____ <i>Street Address</i>	_____ <i>City, Province</i>	_____ <i>Postal Code</i>
_____ <i>Date of Birth</i>		

_____ <i>Beneficiary #2 Surname</i>	_____ <i>Given Names</i>	_____ <i>Relationship</i>
_____ <i>Street Address</i>	_____ <i>City, Province</i>	_____ <i>Postal Code</i>
_____ <i>Date of Birth</i>		

_____ <i>Beneficiary #3 Surname</i>	_____ <i>Given Names</i>	_____ <i>Relationship</i>
_____ <i>Street Address</i>	_____ <i>City, Province</i>	_____ <i>Postal Code</i>
_____ <i>Date of Birth</i>		

\_\_\_\_\_  
*Signature of Employee* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness* \_\_\_\_\_  
*Date*

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