

## LIMITED MEMBER BENEFICIARY FORM

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I, \_\_\_\_\_, being a limited member of the **MOVEUP-FORTISBC PENSION PLAN**, **HEREBY** appointment a beneficiary to receive benefits payable to them after my death in accordance with the provisions of the plan and appoint:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

to be the beneficiary to whom all such benefits under the Plan are to be paid after my death.

\_\_\_\_\_  
Limited Member's Signature

\_\_\_\_\_  
Witness Signature (Other than Beneficiary)

\_\_\_\_\_  
Limited Member's Social Insurance Number

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Beneficiary's Address

\_\_\_\_\_  
Beneficiary's Phone Number

\_\_\_\_\_  
Date (YYYY/MM/DD)