

FOR OFFICE USE ONLY	
BAF MEMBER NO	

Request to Add Beneficiary											
To BAF											
1. Member Information											
Account Number	Mr. Miss	iss Ms. Mrs. Dr. Last Nan		ne Maiden Name				First Name	Middle Name		
2. Beneficiary Details											
Subject to any statutory restriction affecting this appointment, and in accordance with the National Pensions Law (2000 Revision); I hereby request that you add the following person(s) as beneficiary designated under this plan. I note that section 39 and subsection (1 & 3) of the National Pensions Law and the rules of this plan may supersede this request. (i.e. benefits payable on my death shall be disbursed to my surviving spouse or any dependent child or children).											
Beneficiary Last Name			Beneficiary First Name		F	Relationship			Date of Birth (MM / DD / YY)	Percentage (%)	
<u>MM / DD / YY</u>											
Member Signature					Date	Date					
						MM / DD / YY					
Witness Signatur	re						Date				
For Pension Plan Use Only											
Recorded in the system by:					Date:	MM /	DD / YY				