

Nova Scotia Health Employees' Pension Plan (NSHEPP)
Retired Member Change of Information

1. RETIRED MEMBER INFORMATION:

Name: Miss Mrs. Ms. Mr. _____

Social Insurance Number (SIN) |_____| |_____| |_____|

Date of Birth: |_____| |_____| |_____|
DD MM YYYY

Address: _____
number street apt. city province postal code

2. CHANGE OF NAME (if applicable):

Former Name: _____

Present Name: _____

3. DESIGNATION/CHANGE OF BENEFICIARY:

By completing the information in this section and signing this form below, I hereby revoke any previous beneficiary appointment I have made under the Nova Scotia Health Employees' Pension Plan (NSHEPP) (formerly the NSAHO Pension Plan) and appoint the following person(s) as my beneficiary to receive any death benefits that may become payable to a beneficiary from NSHEPP.

Name of Beneficiary _____

Relationship _____

If you designate more than one beneficiary, benefits will be divided equally among them unless you indicate otherwise.

If you have designated a beneficiary who is a minor, please appoint a Trustee to receive benefits on behalf of that person.
I hereby appoint, (name of Trustee) _____ as Trustee to receive benefits payable to (name of beneficiary) _____ during minority.

Signature of Retired Member

Signature of Witness

Date

Name of Witness (please print)