



Change of Deferred Member Information Form

Use this form to change your information. Please complete section one and complete only your information that has changed in sections two and three. You must sign in section four.

Return the completed and signed form to HR Dept., University of Windsor, 401 Sunset Avenue, 510 CHT, Windsor, Ontario, N9B 3P4 or send via email to pensions@uwindsor.ca.

1. YOUR CURRENT INFORMATION

Employee Number:		Birth date (YYYY/MM/DD)	
<input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Other	Legal Last name	Legal First name	Legal Middle name

2. YOUR NEW INFORMATION

<input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Other	Legal Last name	Legal First name	Middle name	
Birth date (YYYY/MM/DD)	Address (street number & name)	City	Province	Postal code
Telephone number	E-mail address			
Marital status	Spouse's full name			
Name of emergency contact	Telephone number of emergency contact			

3. NEW BENEFICIARY INFORMATION

You may designate one or more beneficiaries by name or designate to your Estate. If you name more than one beneficiary, and you do not specify the percentage you would like each beneficiary to receive, University of Windsor will split the benefit equally. You may also name an institution as a beneficiary. If you wish to designate a minor under age 18, you must also designate a Trustee to receive the pension benefits on the minor beneficiary(s) behalf. Please contact us if this is the case. Please note that in the absence of a duly completed FSCO Form 4 Waiver of Pre-Retirement Death Benefit, your eligible spouse at the time of death will have first rights to your University of Windsor pension benefit. Please contact us if you would like to receive a FSCO Form 4. If you do not re-designate a beneficiary, and if you do not have an eligible spouse at the time of your death, the pension benefits will be paid to the last beneficiary on file in your records.

Beneficiary (First, middle and last name, or institution)	Relationship to member	Date of Birth	% of benefit
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4. AUTHORIZATION

Member's signature	Date (YYYY/MM/DD)	Signature of witness	Date (YYYY/MM/DD)
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In accordance with the terms and conditions of the University of Windsor's Retirement Plan, I hereby revoke any Designation of Beneficiary heretofore made by me with respect to any proceeds payable out of the Pension Plan, provided, however, that if the above named Beneficiary predeceases me and no other has been appointed such proceeds shall be payable to my Estate. I reserve the right to change the Beneficiary from time to time, subject always to the provisions of any law or governmental regulations governing the Designation of Beneficiaries in force from time to time which may apply.