



BENEFICIARY FORM FOR GUARANTEED PENSIONS

Pensioner Name: _____ Pension No.: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

In the event of my death, I name as my Beneficiary(ies):

Name(s): _____

Relationship(s): _____

Address(es): _____

If my Beneficiary(ies) should predecease me, I direct that at my death, any further payments from the Fund be paid:

To my Estate _____ (Please check) OR To my Beneficiary(ies): (indicate below)

Name(s): _____

Relationship(s): _____

Address(es): _____

Dated This _____ Day of _____ 20 _____

Pensioner Signature: _____

Witness Signature: _____

Witness Printed Name: _____

Alberta Teachers' Retirement Fund Board

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