

THE UNIVERSITY OF MANITOBA PENSION PLAN (1993)  
CHANGE OF INFORMATION  
NAME OF MEMBER'S BENEFICIARY

PERSONAL INFORMATION

\_\_\_\_\_  
*Social Insurance Number*

\_\_\_\_\_  
*Employee Number*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Given Name*

CHANGE OF NAME OF MEMBER'S BENEFICIARY

I hereby request that my beneficiary's name be changed on my current beneficiary record for The University of Manitoba Pension Plan (1993):

FROM:

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Given Name*

TO:

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Given Name*

**I hereby confirm that the above information is correct. This personal information is being collected under the Authority of The University of Manitoba Act and will be used for purposes of pension plan administration.**

**I authorize The University of Manitoba to exchange personal information with benefit service providers and/or organizations who provide advice and service in the management of the group pension plans. This information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of information, contact the Access & Privacy Coordinator Office, (204) 474-8339, University of Manitoba.**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Employee*