

BENEFICIARY DESIGNATION AND REVOCATION

PENSION PLAN ONLY RRQ REGISTRATION NUMBER: 25299

If you have a will, it is recommended that you consult a notary or a lawyer in order to ensure that this beneficiary designation does not conflict with this will.

Read the definition of spouse and the information provided on the back of this sheet.

Please note that the Quebec Supplemental Pension Plan Act states that the pension is automatically payable to the eligible surviving spouse (see definition on the back). If there is no surviving spouse, this designation will be used if it has not been revoked. If there is no eligible spouse and no designated beneficiary, the death benefit, if any, will be payable to the plan member's estate.

All fields must be filled out.

1. PLAN MEMBER			
CCQ client number		Telephone number	
Last name		First name	
Marital status of Plan member Singl		vil union Common-law spouse	
BENEFICIARY DESIGNATION AND RE		Form)	
I, the undersigned, member of the adesignate the following person(s) as		e* any prior designation of benefic	siary, if applicable, and expressly
* When the prior designation is irrev by the prior irrevocable beneficiary		on form must be accompanied by a	waiver and consent form signed
2. BENEFICIARY (If you have m	nore than one beneficiary, mak	e sure the total percentage is '	100%)
Last name		First name	
Date of birth of beneficiary (AAAA-MM-JJ)	Relationship to Plan member		Percentage % (optional)
3. BENEFICIARY			
Last name		First name	
Date of birth of beneficiary (AAAA-MM-JJ)	Relationship to Plan member		Percentage % (optional)
4. SIGNATURE			
Plan member must sign here		 Date signed (manda	atory) (YYYY-MM-DD)

Please send the original of this form to the address below:

Commission de la construction du Québec Section Retraite et assurance vie C. P. 2500, succ. Chabanel Montréal (Québec) H2N 0A9

WAIVER AND CONSENT FORM OF THE PRIOR IRREVOCABLE BENEFICIARY

If you have previously designated an irrevocable beneficiary, the below form must be filled by that person.

5. IRREVOCABLE BENEFICIARY'S CONSENT					
I, the undersigned, renounce to my rights as an irrevocable beneficiary of the Pension Plan for the participant.					
Signed in	on	Signed in	on		
Signature of the irrevocable beneficiary		Signature of witness (other than the new beneficiary)			

6. DEFINITION OF SPOUSE FOR PENSION PLAN PURPOSES

For application of the provisions of this regulation in relation to the pension plan, as defined in article 1.1 of the Règlement sur les régimes complémentaires d'avantages sociaux dans l'industrie de la construction (R-20, r.10), «spouse» is defined as the person who:

- 1. is married to or in a civil union with the member;
- 2. has been living in a conjugal relationship with a member who is neither married nor in a civil union, whether the person is of the same or opposite sex, for a period of not less than three years, or for a period of not less than one year if:
 - a) at least one child is born, or to be born, of their union;
 - b) they have adopted, jointly, at least one child while living together in a conjugal relationship;
 - c) one of them has adopted at least one child who is the child of the other, while living together in a conjugal relationship;
 - d) they were, in the past, spouses in the meaning of this section.

For the purposes of subparagraph 2 of the first paragraph, the birth or adoption of a child prior to the period of conjugal relationship existing on the day as of which spousal status is established may qualify a person as a spouse.

Spousal status is established as of the day payment of the pension of the member begins or as of the day preceding the death of the member, as of the first of such events. However, when the spouse is deceased on the day payment of the pension begins, or when the spouse has lost the right to receive the benefits provided for in Section VI of Chapter III, the status of the new spouse is established as of the day preceding the death of the member. A member who is legally separated is considered an unmarried member on the day spousal status is established.

7. ADDITIONAL INFORMATION

The original version of this form is required.

If you make corrections to this form once you have filled it in, please add your initials at each change.