CHRISTIAN SCHOOLS INTERNATIONAL

CANADIAN CHRISTIAN SCHOOL PENSION PLAN AND TRUST FUND
3350 East Paris Avenue SE
Grand Rapids, Mi 49512-3054

CHANGE OF BENEFICIARY FORM

EMPLOYEE INFORMATION

Employee's Name: _____ Soc. Ins. No: _____

Do you have a spouse? Yes _____ No _____

BENEFICIARY DESIGNATION

I designate the following as my beneficiary to receive any benefits that may become payable under the Canadian Christian School Pension Plan in the event of my death. I revoke all previous beneficiary designations.

Beneficiary Name: _____ Relationship: _____

Soc. Ins. No.: _____ Date of Birth: _____
Month Day Year

Address: _____

City: _____ Prov: _____ Postal Code: _____

(If benefits are to be paid to a minor, the Plan Administrator, at his discretion, may make such benefits payable to a legal guardian or if none, to a parent with whom the minor resides.)

Optional Designation: I designate the following as Contingent Beneficiary in case of my Primary Beneficiary's death, to receive any benefits that may become payable under the Canadian Christian School Pension Plan in the event of my death. I revoke all previous Contingent Beneficiary designations.

Contingent Beneficiary: _____
Name Soc. Ins. No. Relationship

Address: _____
Street City Province Postal Code

Employee Signature: _____ Date: _____

SPOUSE CONSENT

If you have a spouse and wish to designate someone other than your spouse as your beneficiary, your spouse must give written witnessed consent to the beneficiary of your choice.

As the spouse of the above-named employee, I consent to the beneficiary designation listed above. I understand that under this designation no death benefits will be paid to me from this Plan.

Spouse Signature_____Date:_____

Signed before me this _____day of _____, 20 ____

Commission Expiration Date _____

_____
Signature of Notary Public (STAMP SEAL HERE)