



Request to Add Beneficiary

To: Saxon Administration

Agents for the Silver Thatch Pensions Plan

1. Member Information

Account Number	Mr. Miss Ms. Mrs. Dr.	Last Name	Maiden Name	First Name	Middle Name

2. Beneficiary Details

Subject to any statutory restriction affecting this appointment, and in accordance with the National Pensions Law (2000 Revision); I hereby request that you add the following person(s) as beneficiary designated under this plan. I note that section 39 and subsection (1 & 3) of the National Pensions Law and the rules of this plan may supersede this request. (i.e. benefits payable on my death shall be disbursed to my surviving spouse or any dependent child or children).

Beneficiary Last Name	Beneficiary First Name	Relationship	Date of Birth (MM / DD / YY)	Percentage (%)

Member Signature

MM / DD / YY _____
Date

Witness Signature

MM / DD / YY _____
Date

For Pension Plan Use Only

Recorded in the system by: _____ Date: MM / DD / YY _____