

Alternative Beneficiary(ies) Designation (WOF 3, 2002/05)

(Complete and return with enclosed WOF 1.)

Employee Number: _____

*Surname of Member*_____
*Given Name(s)***PRINT NAMES IN BLOCK LETTERS**

In the event the primary beneficiary(ies) designated on the Application to Change Beneficiary(ies) (WOF 1) should predecease me, the following named person(s) is designated as beneficiary(ies) of the WOF Insurance Benefit.

Beneficiary(ies) Surname, Given Name(s)	Relationship	Respective Beneficiary Share
1 (a). _____	_____	_____ %
2 (a). _____	_____	_____ %
3 (a). _____	_____	_____ %
4 (a). _____	_____	_____ %

*Signature of Member*_____
*Date (YYMMDD)*_____
*Signature of Witness*_____
*Date (YYMMDD)*_____
*Witnesses' Address (include postal code)*_____
*Approved By (Signature of Manager or Member of Board of Directors)*_____
Date (YYMMDD)

NOTE: Benefits accrued to minors, under age 18 years, will be held in Trust by the Fund, unless a "Trustee" is appointed to receive the Benefits.

Mailing Address: Toronto Police Widows and Orphans Fund
180 Yorkland Blvd., Suite 28
Toronto, Ontario
M2J 1R5

