



UAPP Beneficiary Change Form for Pensioners

Purpose of this form: This form will be used to determine the beneficiary eligibility for non-spouse death benefits payable from the Universities Academic Pension Plan (UAPP). If there is not enough space to list all of your eligible beneficiaries, attach a page with the information. **Please note that each time you submit a valid UAPP Beneficiary Change Form for Pensioners, all of your past pension beneficiary designations are cancelled.**

Important Note: You cannot use this form to add a post-retirement spouse except as beneficiary on a pension with a remaining guarantee period. You also cannot change your spouse you had at retirement.

1. Pensioner Information (Please Print Clearly)

Surname of Member	Given Name & Initial(s) of Member	Date of Birth (dd/mm/yyyy) / /
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2. Beneficiary Designation (See instructions. Only a pensioner can change a beneficiary. A person with power of attorney for a pensioner cannot make a beneficiary change.)

I hereby designate the person(s) named below as the beneficiary(ies) of any benefit payable under the plan in the event of my death. This designation replaces and supersedes any designation previously made by me pursuant to the terms of the plan.

Name _____	Relationship _____	% _____
Name _____	Relationship _____	% _____
Name _____	Relationship _____	% _____
Name _____	Relationship _____	% _____
Name _____	Relationship _____	% _____

3. Authorization of Changes (Please complete this section)

I hereby revoke any previous designation(s) made by me and I designate the person(s) named in this form and the person(s) entitled to the receipt of certain benefit payments from the Universities Academic Pension Plan.

I hereby declare that the information I have provided in this form is true and accurate.

I acknowledge that personal information on this form is being collected under the authority of the Employment Pension Plans Act (EPPA) and will be used for the purpose of administering your pension benefits. It is protected as per the provisions of the Freedom of Information and Protection of Privacy Act.

I understand that my personal information may be disclosed to third parties, under contract with the Universities Academic Pension Plan, to complete these services.

_____	_____	_____
Date	Pensioner's Signature	Contact Telephone No.

Note: Please return this form to: Conduent Human Resource Services
201 City Centre Drive, Suite 1000
Mississauga, ON L5B 4E4

Instructions

The following instructions are designed to help you complete the UAPP Beneficiary Change Form for Pensioners.

Important Reminder: This form can only be used to name a beneficiary for non-spouse death benefits from UAPP. The spouse you had at retirement is by law first in line for benefits payable upon your death unless a waiver was signed and received by the UAPP prior to the commencement of your pension.

1. Pensioner information

- Please print your Surname, Given Name & Initial, and Date of Birth.

2. Beneficiary Information

- This beneficiary(ies) will receive any benefits payable after you (and if applicable, your qualifying spouse) have died.
- Provide the full name of each beneficiary. If beneficiary is an organization, include the name of the organization.
- If any of your beneficiaries are individuals, indicate their relationship to you in the space provided.
- If you name more than one beneficiary, you can specify what percentage of any benefit payable each beneficiary is to receive in the space provided. If you do not specify a percentage, any benefits payable on your death will be divided equally among all the surviving beneficiaries you name. For example, you could leave 75% of any benefit to your daughter, and 25% to a grandson.
- If you are naming a minor as a beneficiary, you may want to obtain legal advice before proceeding.
- Upon receiving this completed form, UAPP will process the changes.

3. Authorization of Changes

- By signing the declaration, you agree to provide Universities Academic Pension Plan with the information it needs to administer your pension benefits.
- As well, you acknowledge Universities Academic Pension Plan's rules for privacy of personal information.
- Please provide a contact telephone number in case we have questions.