



Designation of Spouse and Non-Spouse Beneficiary

(Please Print Clearly)

Surname	Given Name & Initial(s)
Employer	Employee Number

Spousal Status <input type="checkbox"/> I have a "spouse" <input type="checkbox"/> I do not have a "spouse"	The definition of "spouse" is: (1) a person who is married to you and has not been living separate and apart from you for 3 or more consecutive years; or (2) if there is no person to whom (1) applies, a person of either sex who has lived with you in a marriage-like relationship for the immediately preceding 3-year period (or a 2-year period if you are together the natural or adoptive parents of a child under the laws of Alberta); or (3) if there is no person to whom (1) or (2) applies, and you have not filed a Declaration of Spousal Separation to the contrary, a person who was married to you but has been separated from you for at least 3 years.		
Spouse's Surname	Spouse's Given Name & Initial(s)	Spouse's Date of Birth (DD/MM/YYYY) / /	Spouse's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

I understand that, under pension legislation, my spouse, if I have one, automatically qualifies as my beneficiary. However, in the event I do not have a spouse at the time of my death, I hereby designate the person(s) named below, or my estate if so indicated, as my non-spouse beneficiary(ies) of any benefit payable under the plan. This designation replaces and supersedes any designation previously made by me pursuant to the terms of the plan.

I understand that death benefits payable from the plan must first be payable to my spouse and, if I have a spouse when I die, my beneficiary designation is null and void and all benefits payable from the plan shall be payable to my spouse.

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

In the event of the death of the beneficiary(ies) listed above, I hereby designate as my beneficiary,

Name _____	Relationship _____
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Date	Member's Signature
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Note: Please return this form to your Employer for updating of your administration records.

This personal information is being collected under the authority of the *Employment Pension Plans Act* 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*.