



# Designation of Spouse and Non-Spouse Beneficiary

(Please Print Clearly)

<b>Surname</b>	<b>Given Name &amp; Initial(s)</b>
<b>Employer</b>	<b>Employee Number</b>

<b>Spousal Status</b>  <input type="checkbox"/> I have a "spouse"  <input type="checkbox"/> I do not have a "spouse"	The definition of " <b>spouse</b> " 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, a person who was married to you but has been separated from you for at least 3 years.		
<b>Spouse's Surname</b>	<b>Spouse's Given Name &amp; Initial(s)</b>	<b>Spouse's Date of Birth (DD/MM/YYYY)</b>  / /	<b>Spouse's Gender</b>  <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. I understand that if I have designated a minor as my beneficiary, I have also named an adult as Trustee for that minor below.

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.

This designation replaces and supersedes any designation previously made by me pursuant to the terms of the plan.

Name	Relationship	Adult Trustee (if Minor designated)	%

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

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

<b>Date</b>	<b>Member's Signature</b>
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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 *Personal Information Protection Act*.