

SPOUSAL DECLARATION AND DESIGNATION OF BENEFICIARY FORM

UNIVERSITIES ACADEMIC PENSION PLAN (the "Plan")
Alberta Superintendent of Pensions Registration No. 0339572
Canada Revenue Agency Registration No. 0339572

INSTRUCTIONS - THIS FORM IS TO BE COMPLETED BY THE PLAN MEMBER TO UPDATE THEIR PENSION RECORDS.

When you have completed and signed this form, please upload the completed form via the Message Center at www.eepoint.com/UAPP or mail the completed form to the Universities Academic Pension Plan BUT retain a copy for your files.

PLEASE NOTE THAT:

Whether or not you have a Spouse is a question of fact based on your Applicable Pension Legislation so please refer to the definition of "Spouse" for your Applicable Pension Legislation as set out in Schedule A. Your spouse must qualify as such no later than on the date your pension commences. If you are uncertain as to whether someone qualifies as your "Spouse" under Schedule A, or if you believe that there is more than one person who qualifies as your "Spouse", please contact the Universities Academic Pension Plan at 1-888-339-1546 (toll-free within North America) or 1-780-612-4259 (collect, outside North America).

This form replaces any previous spousal declarations and/or beneficiary designations which you have made under the Plan. However, if you leave section B or D blank, no change will be made to your record for the section(s) left blank and the applicable previous spousal declaration and/or beneficiary designations will remain valid.

In the event of any future marriage, civil union or conjugal relationship, or of a breakdown of marriage, civil union or conjugal relationship, there may be an impact on your spousal status or beneficiary designation for Plan purposes. It is important that you keep UAPP advised of any such change.

- You should advise the Universities Academic Pension Plan and, as appropriate, you should update your spousal declaration. Note that if you had previously declared a person to be your Spouse and are changing the name of your Spouse you may be asked for proof that the previous person has lost his or her spousal status.
- Should you wish to change your beneficiary designation or if applicable, name or rename your former Spouse as a beneficiary you may do so by completing and returning a new Spousal Declaration and Beneficiary Designation Form to the Universities Academic Pension Plan.

BELOW IS YOUR DECLARATION AND/OR DESIGNATION:

SECTION A – MEMBER INFORMATION

NAME OF MEMBER:	Last name	First name	Middle name
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SOCIAL INSURANCE NUMBER:

APPLICABLE PENSION LEGISLATION: ALBERTA
(Refer to Schedule A to determine which Applicable Pension Legislation applies to you)

SECTION B – SPOUSE DECLARATION

In accordance with Alberta Pension Legislation, unless my Spouse has waived his or her entitlement to spousal death benefits, my Spouse is entitled to receive spousal death benefits under the Plan following my death, regardless of any beneficiary designation I have made. Accordingly, the beneficiary designation in Section D will apply only if I have no Spouse at the earlier of the date my pension commences or my date of death, or if my Spouse has completed a spousal waiver that is filed with the Universities Academic Pension Plan.

SPOUSAL DECLARATION (check one)

- ☐ I hereby declare that I do not have a Spouse as defined in Schedule A.
- ☐ I hereby declare that I currently have a Spouse, as defined in Schedule A.

Name of Spouse: _____
Last name First name Middle name

Date of Birth of Spouse (yyyy/mm/dd): _____ Gender: _____

SECTION C – CERTIFICATION REGARDING ASSIGNMENT OF PENSION

It is my responsibility to notify the Universities Academic Pension Plan if any portion of my pension entitlements accrued under the Plan have been assigned by an agreement or a court order following a marriage breakdown. I remain responsible for any legal or financial consequences that could arise from an omission in this regard.

- ☐ A portion of my pension entitlement under the Plan has been assigned by an agreement or a court order as a result of the breakdown of my marriage or marriage-like relationship. A copy of such document dated _____ is attached to this Form.

SECTION D – DESIGNATION OF BENEFICIARY

I understand that:

- In accordance with Alberta Pension Legislation, my Spouse is entitled to certain spousal death benefits following my death, regardless of any beneficiary I may have designated.
- If I do not have a Spouse at the earlier of the date my pension commences or my death, or if my Spouse has waived the right to receive spousal death benefits, my beneficiary is entitled to the death benefit payable under the Plan. Therefore, it is important to designate a beneficiary regardless of my current spousal status. I am aware that I may designate my Spouse, as identified under Section B, as my beneficiary under this Section D. However, I also understand that as long as no waiver of spousal death benefits has been filed, my Spouse determined at the earlier of the date of my pension commencement or death will, except as noted below, be entitled to any death benefit payable under the Plan regardless of who I designate as my beneficiary.
- It may be appropriate to designate an individual other than my Spouse in the event that I do not have a Spouse on my date of death and I want the death benefit under the Plan to be paid to an individual other than my former Spouse.
- If my designated beneficiary is a minor at the time of my death, or is deemed to be incapable of handling his own affairs as a result of physical or mental infirmity, payment will be made, subject to any applicable legislation, to the person who is legally entitled to receive the payment on behalf of such individual.
- If a death benefit is payable to my Spouse or beneficiary and I do not have a Spouse or beneficiary, as the case may be, at the date of my death, any death benefit payable under the Plan following my death will be paid to my estate.
- To revoke the beneficiaries currently on file and request that the Death Benefit be paid to my Estate, provided my Spouse is not entitled to the Death Benefit, I must complete the Beneficiary Designation below by writing **Estate as the name of the beneficiary**.
- I reserve the right to change this beneficiary designation at any time in the manner and form permitted by applicable laws. My appointment of another beneficiary will automatically revoke any previously appointed beneficiary. I acknowledge that my beneficiary designation remains in effect until it is revoked in the manner and form permitted by applicable laws.

BENEFICIARY DESIGNATION

If I do not have a Spouse at the date of my death, or my Spouse is permitted to and has waived the right to receive or is otherwise disentitled by law to the spousal death benefits, the person(s) named below as my beneficiary will receive any benefits that may be payable on my death under the Plan. Accordingly, I hereby designate the following beneficiary(ies):

BENEFICIARY DESIGNATIONS

DATE OF BIRTH:

_____ Last name	_____ First name	_____ Middle name	_____ YYYY	/	_____ MM	/	_____ DD	_____ RELATIONSHIP	_____ PERCENTAGE (%)
_____ Last name	_____ First name	_____ Middle name	_____ YYYY	/	_____ MM	/	_____ DD	_____ RELATIONSHIP	_____ PERCENTAGE (%)
_____ Last name	_____ First name	_____ Middle name	_____ YYYY	/	_____ MM	/	_____ DD	_____ RELATIONSHIP	_____ PERCENTAGE (%)
_____ Last name	_____ First name	_____ Middle name	_____ YYYY	/	_____ MM	/	_____ DD	_____ RELATIONSHIP	_____ PERCENTAGE (%)

NOTES:

- 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, please also name an adult as trustee for the minor. In this case, you may want to obtain legal advice before proceeding.

Name of Trustee: _____

SECTION E – CERTIFICATION AND SIGNATURE

I understand that the information on this Spousal Declaration and Beneficiary Designation Form is being collected for the purposes of pension benefit management and administration. From time to time, UAPP will confidentially share information with other service providers, as is necessary, for the management and administration of the pension benefits under the Plan or any successor plan. I authorize the collection, use and disclosure of such personal information for the purpose of pension benefit management and administration.

I understand that it is my responsibility to promptly advise the Universities Academic Pension Plan in writing of any changes to my spousal status or my designation of beneficiary.

I hereby certify that I have carefully reviewed and fully understand the information and the implications of the information contained herein (including the information contained in Schedule A) and its related application to my circumstances and hereby confirm the facts and elections set out above. I further acknowledge that I have had an opportunity to seek the advice of my professional legal, estate and/or financial advisor.

DATE:

SIGNATURE OF MEMBER

____/____/____
YYYY MM DD

Schedule A
Definition of Spouse

Spouse means:

Persons are partners on any date on which one of the following applies:

- (i) married to each other and have not been living separate and apart from each other for a continuous period longer than 3 years*
- (ii) if clause (i) does not apply, a person who has lived with that member or former member in a marriage like relationship*
 - (A) for a continuous period of at least 3 years preceding the date, or*
 - (B) of some permanence, if there is a child of the relationship by birth or adoption.*