

<b>SECTION 1 EMPLOYEE / PENSION PLAN MEMBER IDENTIFICATION</b> (please print)		
Name _____	Employee no. _____	
<i>Check one:</i>		
<input type="checkbox"/> Joining the Pension Plan	<input type="checkbox"/> Change in civil status	<input type="checkbox"/> Survivor member
<input type="checkbox"/> Retirement	<input type="checkbox"/> Deferred member	<input type="checkbox"/> Survivor designation
<b>SECTION 2 INFORMATION OR CHANGE REGARDING THE ELIGIBLE SPOUSE</b> (please print)		
<b>Complete below AND fill out the Declaration or Modification of Civil Status and/or Dependents form</b>		
<input type="checkbox"/> <b>a)</b> I, the undersigned, hereby declare that: On this date, my spouse is:		
Name: _____ Date of birth: _____ (DD/MM/YY)		
<input type="checkbox"/> <b>b)</b> On this date, I do not have a spouse. (The official definition of spouse can be found in the Pension Plan text. However, for the purposes of this form, the definition of spouse is indicated in the instructions section on the reverse side.)		
<b>SECTION 3 DESIGNATION OF BENEFICIARY – Choose a) or b) below</b>		
If you have an eligible spouse and die before retiring, your eligible spouse is automatically your beneficiary under the plan. If you have no eligible spouse, you designate the person(s) below to receive all your benefits. Any designated beneficiaries cease to be designated beneficiaries upon the death of such person(s) and in no event does the designation of a beneficiary void the entitlement of the eligible spouse.		
I hereby revoke all beneficiary designations previously made by me and, unless otherwise provided by law, request that in the case of my death before retirement, any sum payable in accordance with the terms of the Pension Plan be paid to (check one):		
<input type="checkbox"/> <b>a)</b> My estate (legal heirs)		
<b>OR</b>		
<input type="checkbox"/> <b>b)</b> The designated beneficiaries as follows:		
Surname and given name: _____ %		
Date of birth: _____ DD/MM/YY	Relationship: _____	
Mailing address: _____		
Surname and given name: _____ %		
Date of birth: _____ DD/MM/YY	Relationship: _____	
Mailing address: _____		
Surname and given name: _____ %		
Date of birth: _____ DD/MM/YY	Relationship: _____	
Mailing address: _____		
<b>Appointment of trustee for a beneficiary under 18 years old</b> (not valid in the Province of Quebec)		
I appoint (print legal name of executor or estate trustee) _____ to receive any payments on behalf of a designated beneficiary who has not attained the age of majority (18 years). I authorize the trustee to apply, in his/her discretion such payment solely for the support, maintenance, education and benefit of such designated beneficiary.		
Executor or estate trustee mailing address: _____		
<b>SECTION 4 SIGNATURE OF PENSION PLAN MEMBER</b>		
<ul style="list-style-type: none"> <li>· I hereby <b>REVOKE</b> any previous designation(s) made by me.</li> <li>· I <b>DESIGNATE</b> the person(s) named on this form as the person(s) entitled to receive my pension benefit payments subject to the Pension Plan text and any applicable laws.</li> <li>· I <b>DECLARE</b> that the information provided is true and accurate.</li> <li>· I <b>UNDERSTAND</b> that the University of Ottawa is relying on the information I have provided and that by providing false or inaccurate information, the designation(s) made may be invalid and may result in a change in pension benefit entitlement.</li> <li>· I <b>AGREE</b> to provide any additional information requested by the University of Ottawa in support of the information provided on this form, and I understand that failure to do so affects the declarations and designations made on this form and the pension benefit entitlement.</li> <li>· I <b>RESERVE</b> the right to change beneficiaries at any time, subject to any applicable legal provisions.</li> </ul>		
Employee/Pension Plan member signature _____		Date _____
Witness signature _____	Name of Witness (printed) _____	Date _____

**Notice of Collection of Personal Information:** Your personal information is collected under the authority of the *University of Ottawa Act* and is intended to be used for the purpose of and those consistent with the administration of your employee file maintained by Human Resources. If you have any questions regarding this collection of personal information, please contact Human Resources, Pension Sector, 550 Cumberland Street, Room 019, Ottawa, Ontario K1N 6N5, Tel (613) 562-5832, Fax (613) 562-5206. You may also consult the University's Policy 90, Access to Information and Protection of Privacy [http://web5.uottawa.ca/admingov/policy\\_90.html](http://web5.uottawa.ca/admingov/policy_90.html).

## INSTRUCTIONS FOR BENEFICIARY DESIGNATION

### Purpose

This form is used to determine the eligibility of the person(s) you name on this form for the pension death benefit payable upon your death. The form must be completed:

- (1) when you become a member of the Pension Plan;
- (2) at any time, before or after retirement, that you want to change your beneficiary designation;
- (3) at retirement;
- (4) when applying for post-retirement survivor pension;
- (5) when terminating membership in the Pension Plan when a deferred member; or
- (6) if you are a surviving member with a guarantee period remaining.

If there is not enough space in Section 2, you may use a second designation form. Each time you submit a valid beneficiary designation form, all prior designations of beneficiary are revoked. For assistance, please contact the Pension Sector.

### Definitions

See the Pension Plan text for official definitions. However, for the purposes of this form, the following definitions are used:

**"Child"** refers to a child of the Pension Plan member, whether natural or adopted, who is dependent on the Pension Plan member at the time of retirement, and who is at the time of any benefit payment

- (a) under the age of 19 and will not attain the age of 19 in the calendar year that the Pension Plan member's death occurs; or
- (b) in full-time attendance at an educational institution and is under the age of 27; or
- (c) dependent on the Pension Plan member by reason of mental or physical disability.

**"Spouse"** means a person of the opposite sex or, with effect from January 1, 1999, either sex to whom the Member is married or, notwithstanding the Member's marital status, if the Member has been cohabiting with a person of the opposite sex or, with effect from January 1, 1999, either sex in a relationship resembling marriage for a period of at least one year, the Spouse, as defined above, with whom the Member is cohabiting shall be deemed to be the Member's Spouse. A Spouse, as defined above, must meet this definition on the date the Member commences Retirement on pension or the Member's date of death, if earlier, in order to be eligible to receive a survivor pension. The Spouse of a Member who has retired on pension prior to January 1, 1994, shall be eligible for a survivor pension if the Spouse meets this definition prior to the date of death of the Member, and, in the case of the Member with a Spouse of the same sex, the Member was in receipt of pension on or after January 1, 1999.

### SECTION 1

Check the option (one only) that applies to you.

### SECTION 2

Check the option (one only) that applies to you.

If you have an eligible spouse at the time of your death, he or she is automatically entitled to the pension death benefit. You must submit a Declaration or Modification of Civil Status and Dependents form and supporting documentation when declaring a new spouse.

If you do not have an eligible spouse, complete Section 3.

### SECTION 3

If you do not have an eligible spouse, choose whether the pension death benefit is to be paid to your estate or to designated beneficiaries. Name all of your designated beneficiaries in this section. If you name more than one beneficiary, please specify the percentage you would like each beneficiary to receive. If you want your children to receive the benefit, you must name them in this section. Provide the name and address of your estate trustee if you have appointed one since the pension death benefit may be payable to your estate if you do not have an eligible spouse and your designated beneficiaries predecease you.

If your child, children or designated beneficiaries are minors (under 19 years old), under 27 years of age and attending school full-time, or dependent on you by reason of a physical or mental disability, then name all such individuals. Provide the applicable documentation for each person: copy of birth certificate, proof of enrollment at school, confirmation of disability and dependence on employee or Pension Plan member provided by a health care provider together with documentation appointing a guardian of property, power of attorney or trustee.

Please note that a power of attorney (POA) cannot change or add a beneficiary.

### SECTION 4

**IMPORTANT:** Always complete this section to authorize the Form. You must sign this Form and have your signature witnessed. The Witness must sign and date this Form immediately after you sign. The Witness must be an adult (18 years and over) who is not named in the Form.

If the Form is not signed, if the signature is not witnessed or if the information is incomplete, false or if there is missing documentation in support, it may affect or change the pension benefit entitlement. This Form revokes all previous designations.