

# Designation of Beneficiary



When the form is completed and signed by you, return the original form to PEPP.

Designating a beneficiary is an important decision, so please take the time to review this form and make the correct decision for your situation. Most jurisdictions in Canada require that your spouse is your beneficiary provided they have not waived their rights. For clarification on designation of beneficiary, go to the PEPP website and **read the PEPP Talk on Designation of Beneficiary**.

## 1 Tell Us About You (Please Print)

PEPP Member Number: \_\_\_\_\_ Birthdate (day/month/year): \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name & Initial: \_\_\_\_\_

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Phone Number(s): (home): \_\_\_\_\_ (mobile): \_\_\_\_\_ (work): \_\_\_\_\_

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Relationship Status: Spouse\* :  I am legally married  I am common-law  I am separated

No Spouse:  I am single  I am divorced  I am widowed

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\*If you have a spouse, legislation requires **your spouse to be your primary beneficiary** below, unless your spouse completes a *Spouse's Waiver of Death Benefits Prior to Retirement form* available on the PEPP website. If your spouse has signed a waiver, attach the waiver with this completed form.

Spouse's Full Name	Birthdate (day/month/year)

\* Refer to the PEPP Talk on Designation of Beneficiary available on the PEPP website for the definition of spouse.

## 2 Designating **Only** One Primary Beneficiary (for multiple beneficiaries go to Step 3)

My spouse is my primary beneficiary (as defined in Section 1).

My spouse has provided a PEPP *Spouse's Waiver of Death Benefits Prior to Retirement form* and has waived 100% of my survivor benefits, and I would like to name the following as my primary beneficiary.

I do not have a spouse and would like to name the following as my primary beneficiary. (go to Step 3 to name more than one beneficiary)

Primary Beneficiary's Full Name	Birthdate (day/month/year)	Relationship to member

Or;

I do not have a spouse or my spouse has waived 100% of my survivor benefits and would like my death benefit to go to my estate:

Beneficiary	Name of Law Firm or Executor (if known)	Address/Contact Number
<b>ESTATE</b>		

Or;

I do not have a spouse or my spouse has waived 100% of my survivor benefits and would like my death benefit to go to the following charity/organization:

Beneficiary's Name (Full name of charity/organization)	Address/Contact Number

### 3 Designating Multiple Primary or Contingent Beneficiary(ies)

- I have a spouse and want to name the following contingent beneficiary(ies) in the event my spouse predeceases me:
- I have a spouse who has waived \_\_\_\_\_ % of my death benefits and want to name the following beneficiaries:
- I do not have a spouse and want to name following beneficiaries:

There are two ways you can designate multiple beneficiaries, which are outlined below (please select one)

**I am designating my beneficiaries as :**

**Joint Designation** - you are designating more than one beneficiary. **You do not indicate a percentage.** If you die, the death benefit will be shared among the living beneficiaries who you have listed in equal portions.

**OR**

**In-common Designation** - you are designating more than one beneficiary. **You must state what percentage each individual will receive.** If any of the beneficiaries pre-decease you, their share can be distributed in three ways.

their share will go to their descendents (e.g., children, grandchildren, and great-grandchildren).  
 their share shall be divided amongst the other surviving beneficiaries (pro-rated based on their entitlement).  
 their share will go to my Estate.

**Primary Beneficiaries**

Name (First, Middle and Last)	Relationship	Date of Birth	Portion (%)	Address
Name (First, Middle and Last)	Relationship	Date of Birth	Portion (%)	Address
Name (First, Middle and Last)	Relationship	Date of Birth	Portion (%)	Address
Name (First, Middle and Last)	Relationship	Date of Birth	Portion (%)	Address

**Contingent Beneficiaries**


Name (First, Middle and Last)	Relationship	Date of Birth	Portion (%)	Address
Name (First, Middle and Last)	Relationship	Date of Birth	Portion (%)	Address
Name (First, Middle and Last)	Relationship	Date of Birth	Portion (%)	Address
Name (First, Middle and Last)	Relationship	Date of Birth	Portion (%)	Address

If more space is required, please complete another form, sign it and attach to this form.

### 4 Your Declaration

My signature indicates that I hereby revoke all previous designations and appointments of beneficiaries and name the beneficiaries above to receive the death benefit payable from the Public Employees Pension Plan.

Signature of Member (electronic signature will not be accepted) \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_

 **REMINDER** Life is always changing. As life events happen it is important for you to keep your designation of beneficiary(ies) current. By having your listed beneficiary(ies) up-to-date, you can ensure any benefit payable will be paid out as you intended. If you need to update your beneficiary(ies), simply complete and submit a new *Designation of Beneficiary* form to PEPP.

**To be completed by PEPP Administration**

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_ Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_