

Spousal Declaration and Appointment or Change of Beneficiary

Name of Member or Former Member _____ Employee ID# _____

Birthdate _____

I understand that if I die before the commencement of my pension benefit, certain death benefits from the Telecommunication Workers Pension Plan (“Plan”) become payable to my Spouse. I further understand that if I do not have a Spouse at the date of my death, any death benefit payable from the Plan will be payable to my designated beneficiary(ies), or to my estate if I have not named any beneficiary. I understand that any death benefit payable on my death after commencement of my pension benefit are payable in accordance with the form of pension I elected at my retirement date.

A. Spousal Declaration	<p>“Spouse” under the Federal Pension Benefits Standards Act and Regulations means: a person of the opposite sex or same-sex to whom you are married to at the date of death; or if there is no such person, a person with whom you have lived in a conjugal relationship for at least one year (“common-law” spouse). If you have both a legal spouse and a common-law spouse then the “spouse” is the common-law spouse for the purpose of receiving a death benefit.</p> <p>I hereby certify that as of the date of this declaration:</p> <p><input type="checkbox"/> _____ is my Spouse as defined above.</p> <p style="margin-left: 40px;">My Spouse’s date of birth dd/mm/yyyy) is _____</p> <p><input type="checkbox"/> I do not have a Spouse as defined above.</p>
B. Marriage Breakdown	<p>I hereby certify that as of the date of this declaration, there is:</p> <p><input type="checkbox"/> a court order or an agreement in effect requiring all or a part of my pension benefit under the Plan to be distributed to a Spouse or a former Spouse.</p> <p><input type="checkbox"/> a court order or an agreement in the process of being drafted that may require all or a part of my pension benefit under the Plan to be distributed to a Spouse or a former Spouse.</p> <p><input type="checkbox"/> no court order or an agreement in effect requiring all or a part of my pension benefit under the Plan to be distributed to a Spouse or a former Spouse.</p>
C. Definition of Revocable or Irrevocable Beneficiary <i>Please initial where indicated</i>	<p>A revocable beneficiary is one that may be changed at any time by the Member or Former Member without the knowledge or consent of the designated beneficiary(ies).</p> <p>An irrevocable beneficiary designation cannot be changed in any way without the consent and knowledge of the designated beneficiary(ies).</p> <p>With regards to the beneficiary(ies) designation(s) made on this form. I hereby acknowledge that I have read and understood the meaning of revocable and irrevocable beneficiary: _____ (initials)</p>

D. Beneficiary Designation
(Only complete this
section if you DO NOT
have a spouse)

Complete all fields

*Please attach a separate page
should you wish to designate more
beneficiaries under the Plan.*

*The “%” of Distribution should
total 100% for all named
beneficiaries.*

Subject to any spousal priority rights, I hereby appoint the person(s) named below as my beneficiary(ies) to receive any death benefits that may become payable from the Plan. I understand that each surviving named beneficiary and any applicable alternate beneficiary(ies) will receive an equal share of the death benefit, unless otherwise specified below:

Name of Beneficiary #1

Relationship

Address

Date of Birth (dd/mm/yyyy)

Gender

Male Female

Minor (under age 19)

Yes No

Name of Trustee for Minor (if applicable)

Revocable Irrevocable

% of Distribution (leave blank if benefit is to be divided equally) _____%

Name of Beneficiary #2

Relationship

Address

Date of Birth (dd/mm/yyyy)

Gender

Male Female

Minor (under age 19)

Yes No

Name of Trustee for Minor (if applicable)

Revocable Irrevocable

% of Distribution (leave blank if benefit is to be divided equally) _____%

Name of Beneficiary #3

Relationship

Address

Date of Birth (dd/mm/yyyy)

Gender

Male Female

Minor (under age 19)

Yes No

Name of Trustee for Minor (if applicable)

Revocable Irrevocable

% of Distribution (leave blank if benefit is to be divided equally) _____%

Name of Beneficiary #4

Relationship

Address

Date of Birth (dd/mm/yyyy)

Gender

Male Female

Minor (under age 19)

Yes No

Name of Trustee for Minor (if applicable)

Revocable Irrevocable

% of Distribution (leave blank if benefit is to be divided equally) _____%

E. Alternate Beneficiary Designation
***Optional to complete**

Please attach a separate page should you wish to designate more alternate beneficiaries under the Plan.

Subject to any spousal priority rights, I hereby appoint the person(s) named below as my beneficiary(ies) to receive any death benefits that may become payable from the Plan. I understand that each surviving named beneficiary and any applicable alternate beneficiary(ies) will receive an equal share of the death benefit, unless otherwise specified below:

Name of Beneficiary #1		Relationship
Address		
Date of Birth (dd/mm/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Minor (under age 19) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Trustee for Minor (if applicable)
<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		
% of Distribution (leave blank if benefit is to be divided equally) _____%		
Name of Beneficiary #2		Relationship
Address		
Date of Birth (dd/mm/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Minor (under age 19) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Trustee for Minor (if applicable)
<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		
% of Distribution (leave blank if benefit is to be divided equally) _____%		
Name of Beneficiary #3		Relationship
Address		
Date of Birth (dd/mm/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Minor (under age 19) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Trustee for Minor (if applicable)
<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		
% of Distribution (leave blank if benefit is to be divided equally) _____%		
Name of Beneficiary #4		Relationship
Address		
Date of Birth (dd/mm/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Minor (under age 19) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Trustee for Minor (if applicable)
<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		
% of Distribution (leave blank if benefit is to be divided equally) _____%		

<p>F. Revocation of Previously Appointed Beneficiary.</p> <p><i>Previously appointed irrevocable beneficiary should complete, if applicable. If there is more than one irrevocable beneficiary please attach a separate page.</i></p>	<p>Subject to the provisions of any law or government regulation, which may apply, I hereby revoke any and all previous designations of revocable beneficiary, including any alternate beneficiary(ies), if applicable, that I have made under the Plan. For irrevocable beneficiary, I hereby revoke the previous irrevocable beneficiary designation(s) with their consent.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px;">Name of Irrevocable Beneficiary</td> <td style="width: 50%; padding: 5px;">Signature of Irrevocable Beneficiary</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Signature of Witness (Person who is not a Minor and not the Member or Former Member)</td> </tr> </table> <p style="margin-top: 10px;">I further acknowledge that all designations remain in effect until they are revoked in writing with the consent of the beneficiary(ies), if required, and received by the Plan Administrator</p>	Name of Irrevocable Beneficiary	Signature of Irrevocable Beneficiary	Signature of Witness (Person who is not a Minor and not the Member or Former Member)	
Name of Irrevocable Beneficiary	Signature of Irrevocable Beneficiary				
Signature of Witness (Person who is not a Minor and not the Member or Former Member)					
<p>G. Declaration of Valid Will</p> <p><i>Please check one of the boxes</i></p>	<p>A valid will must be in writing, signed at its end by the Member or Former Member, or the signature at the end must be acknowledged by the member or Former Member as his or hers in the presence of two or more witnesses at the same time, and it is signed by two or more witnesses in the Member or Former Member's presence. Any person over the age 16, who is mentally capable may make a will.</p> <p>I hereby certify that as of the date of this form:</p> <p><input type="checkbox"/> I have a valid will</p> <p><input type="checkbox"/> I do not have a valid will</p>				

I understand that it is my responsibility to advise the Plan Administrator in writing of any changes affecting my pension benefits under the Plan.

By signing below, I declare that all of the information on this Spousal Declaration and Appointment or Change of Beneficiary form is correct.

Dated this _____ day of _____ 20_____

Signature of Witness

Name of Witness

Address of Witness

Signature of Member or Former Member

Member's Address: _____
Street

City / Province / Postal Code

Member's Phone #: _____

Please return the completed form to:
Plan Administrator
Telecommunication Workers Pension Plan
#303 - 4603 Kingsway, Burnaby, B.C. V5H 4M4

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY

Date Received