



BENEFICIARY DESIGNATION FORM

1. MEMBER INFORMATION

Legal First Name <i>(include middle name or initials)</i>	Legal Last Name	Gender	Employee ID
Email	Home Phone	Cell Phone	Date of Birth <i>(yyyy-mm-dd)</i>

2. BENEFICIARY INFORMATION – Spouse

The BC Pension Benefits Standards Act requires that if you have a spouse, your primary beneficiary must be your spouse. When you die, your spouse and not your beneficiary will receive any death benefits payable under the Plan, unless your spouse has signed a Spousal Waiver of Rights of Pre-Retirement Death Benefits form.

DEFINITION OF SPOUSE:

“Spouse” means a person, regardless of gender, who, at the relevant date is:

- married to the Member and has not been living separate and apart from the Member for a continuous period longer than 2 years; or
- living with the Member in a marriage-like relationship for a period of at least 2 years immediately preceding the relevant date.

I designate the following as my beneficiary and hereby revoke any prior designation. I certify that as defined above:

I do not have a Spouse – Please list Primary Beneficiaries (required) and Alternate Beneficiaries (optional) in Section 3.

My Spouse has signed a Spousal Waiver of Rights of Pre-Retirement Death Benefit – Please attach waiver if it has not already been submitted and list Primary Beneficiaries (required) and Alternate Beneficiaries (optional) in Section 3.

The person named below is my Spouse – Please list Alternate Beneficiaries in Section 3 (optional).

Beneficiary Designation PRIMARY	Entitlement (%) 100%	Relationship SPOUSE	Gender	Date of Birth <i>(yyyy-mm-dd)</i>
Legal First Name <i>(include middle name or initials)</i>		Legal Last Name		
Email		Home Phone	Cell Phone	

3. BENEFICIARY INFORMATION – Non-spouse

- 1) You may name a living individual(s), a charitable entity, your estate, or a combination as Beneficiary. To name your estate as beneficiary, please enter "ESTATE" in the name field and leave the contact details empty.
- 2) **All Primary Beneficiary entitlements must add to 100%; all Alternate Beneficiary entitlements must add to 100%.** In the event of the death of a primary beneficiary, the remaining primary beneficiaries' share will increase proportionately.
- 3) Your alternate beneficiaries will only receive a death benefit in the event of the death of **ALL** your primary beneficiaries.
- 4) If any beneficiary is a minor child, please also complete Section 4 in addition to the following information.

Beneficiary Designation Primary Alternate	Entitlement (%) %	Relationship	Date of Birth <i>(yyyy-mm-dd)</i>
Legal First Name <i>(include middle name or initials)</i>		Legal Last Name	
Street Address <i>(if different from member)</i>			
City	Province	Postal Code	Country
Email		Home Phone	Cell Phone
Beneficiary Designation Primary Alternate	Entitlement (%) %	Relationship	Date of Birth <i>(yyyy-mm-dd)</i>
Legal First Name <i>(include middle name or initials)</i>		Legal Last Name	
Street Address <i>(if different from member)</i>			
City	Province	Postal Code	Country
Email		Home Phone	Cell Phone

BENEFICIARY INFORMATION – Non-spouse (continued)

Beneficiary Designation Primary Alternate		Entitlement (%) %	Relationship	Date of Birth (yyyy-mm-dd)
Legal First Name (include middle name or initials)			Legal Last Name	
Street Address (if different from member)				
City	Province	Postal Code	Country	
Email		Home Phone	Cell Phone	
Beneficiary Designation Primary Alternate		Entitlement (%) %	Relationship	Date of Birth (yyyy-mm-dd)
Legal First Name (include middle name or initials)			Legal Last Name	
Street Address (if different from member)				
City	Province	Postal Code	Country	
Email		Home Phone	Cell Phone	

4. DECLARATION APPOINTING TRUSTEE FOR BENEFICIARY WHO IS A MINOR

Any amount payable to a minor beneficiary (under the age of 19) during their minority will be paid to the following individual, as Trustee for the minor child. Payment to the Trustee shall discharge the UBC Staff Pension Plan who cannot be responsible for the sufficiency of appointment.

Legal First Name		Legal Last Name		
Street Address				
City	Province	Postal Code	Country	
Email		Home Phone	Cell Phone	

5. AUTHORIZATION

I certify that the information provided on this form is correct and can be relied upon by the UBC Staff Pension Plan. I reserve the right to change the beneficiary, subject to any applicable laws.

Member Signature	Date (yyyy-mm-dd)
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Freedom of Information and Protection of Privacy Act – The personal information on this form is collected under the authority of the BC Pension Benefits Standards Act and will be used for the purposes of pension plan administration. For further information, please contact the Executive Director for the University of British Columbia (UBC) Staff Pension Plan at the address on the top of this form or by telephone at (604) 822-8100.

Note: Valid proof of age for you and your spouse (if applicable) is required. Please see the list of accepted Proof of Age documents below.

REQUIRED PROOF OF AGE DOCUMENTS

Proof of age is REQUIRED for all plan members and their spouses. A copy of any **one (1)** of the following documents will be accepted to verify the date of birth:

BC Driver's License and Services Card* (combined)	Driver's License* (regular or enhanced)	Canadian Citizenship Card (issued prior to February 2012)	Nexus*	Secure Certificate of Indian Status*
BC Photo ID Card*	BC Services Card*	Birth Certificate	Passport*	Permanent Resident Card*

* All asterisked documents must have a valid expiry date (not expired) at the time of submitting your documents. Please provide these copies to the UBC Pension Administration Office along with your form.

TO BE COMPLETED BY THE UBC PENSION ADMINISTRATION OFFICE

Entered By

Effective (yyyy-mm-dd)

Employee ID