

## Staff Pension Plan

Pension Administration Office #201 - 2389 Health Sciences Mall Vancouver, BC Canada V6T 1Z3

Tel 604 822 8100 | Fax 604 822 9471 spp@hr.ubc.ca | staff.pensions.ubc.ca

## POST-RETIREMENT BENEFICIARY DESIGNATION FORM

Please designate a beneficiary(ies) in the event that both you and your spouse (if applicable) decease before your guaranteed minimum number of pension payments have expired. You may name a living individual(s), a charitable entity, your estate, or a combination as Beneficiary. If no designation is made, your estate will be named as your Beneficiary.

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1. MEMBER INFORMATION					
First Name (include middle name of	or initials)	Last Name			Employee ID
2. BENEFICIARY INFORMAT	TION				
1) To name your estate as beneficated 2) All Primary Beneficiary entities event of the death of a primary 3) Your secondary beneficiaries (4) If any beneficiary is a minor (but a minor (	lements must add beneficiary, the rowill only receive a	d to 100%; all s emaining prima death benefit in	Secondary Beneficiary energy beneficiaries' share will the event of the death of a	ntitlements increase pr ALL your pi	s must add to 100%. In the roportionately. rimary beneficiaries.
Beneficiary Designation Primary Secondary	Entitlement (%)	%	Relationship	Date	e of Birth (yyyy-mm-dd)
Legal First Name (include middle	name or initials)		Legal Last Name	·	
Street Address					
City	Province		Postal Code	Cou	intry
Email			Home Phone	Cell	Phone
Beneficiary Designation Primary Secondary	Entitlement (%)	%	Relationship	Date	e of Birth (yyyy-mm-dd)
Legal First Name (include middle	name or initials)		Legal Last Name		
Street Address					
City	Province		Postal Code	Cou	intry
Email			Home Phone	Cell	Phone
Beneficiary Designation Primary Secondary	Entitlement (%)	%	Relationship	Date	e of Birth (yyyy-mm-dd)
Legal First Name (include middle	name or initials)		Legal Last Name		
Street Address					
City	Province		Postal Code	Cou	intry
Email			Home Phone	Cell	Phone
Beneficiary Designation Primary Secondary	Entitlement (%)	%	Relationship	Date	e of Birth (yyyy-mm-dd)
Legal First Name (include middle	name or initials)		Legal Last Name		
Street Address					
City	Province		Postal Code	Cou	intry
Email			Home Phone	Cell	Phone

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2. BENEFICIARY INFORM Beneficiary Designation	Entitlement (%)	Relationship	Date of Birth (yyyy-mm-dd)	
Primary Secondary	9/	Telationship	Bate of Birth (yyyy mini-da)	
Legal First Name (include middle	e name or initials)	Legal Last Name		
Street Address				
City	Province	Postal Code	Country	
Email		Home Phone	Cell Phone	
Beneficiary Designation Primary Secondary	Entitlement (%)	Relationship	Date of Birth (yyyy-mm-dd)	
Legal First Name (include middle name or initials)		Legal Last Name		
Street Address				
City	Province	Postal Code	Country	
Email		Home Phone	Cell Phone	
PRIMARY BENEFIC	IARY TOTAL = 100%	SECONDARY BE	ENEFICIARY TOTAL = 100%	
3. DECLARATION APPO	NTING TRUSTEE FOR BE	NEFICIARY WHO IS	A MINOR	
3. DECLARATION APPO Any amount payable to a mir	INTING TRUSTEE FOR BE	NEFICIARY WHO IS of 19) during their mino	A MINOR rity will be paid to the following	
3. DECLARATION APPO Any amount payable to a mir individual, as Trustee for the	NTING TRUSTEE FOR BE nor beneficiary (under the age minor child. Payment to the T	NEFICIARY WHO IS of 19) during their mino	A MINOR	
3. DECLARATION APPO Any amount payable to a mir individual, as Trustee for the	NTING TRUSTEE FOR BE nor beneficiary (under the age minor child. Payment to the T	NEFICIARY WHO IS of 19) during their mino	A MINOR rity will be paid to the following	
3. DECLARATION APPO Any amount payable to a mir individual, as Trustee for the cannot be responsible for the	NTING TRUSTEE FOR BE nor beneficiary (under the age minor child. Payment to the T	INEFICIARY WHO IS of 19) during their mino rustee shall discharge th	A MINOR rity will be paid to the following	
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3. DECLARATION APPO Any amount payable to a mir individual, as Trustee for the cannot be responsible for the Legal First Name Street Address City	NTING TRUSTEE FOR BE nor beneficiary (under the age minor child. Payment to the T e sufficiency of appointment.	ineficiary who is of 19) during their mino rustee shall discharge the Legal Last Name	A MINOR  rity will be paid to the following ne UBC Staff Pension Plan who  Country	
3. DECLARATION APPO Any amount payable to a mirindividual, as Trustee for the cannot be responsible for the Legal First Name Street Address City Email 4. AUTHORIZATION I hereby authorize the UBC F	INTING TRUSTEE FOR BE nor beneficiary (under the age minor child. Payment to the T e sufficiency of appointment.	ineficiary who is of 19) during their mino rustee shall discharge the Legal Last Name  Postal Code Home Phone	A MINOR  rity will be paid to the following ne UBC Staff Pension Plan who  Country  Cell Phone  dicated in this Post Retirement	
3. DECLARATION APPO Any amount payable to a mir individual, as Trustee for the cannot be responsible for the Legal First Name  Street Address  City  Email  4. AUTHORIZATION I hereby authorize the UBC F Beneficiary Designation form	NTING TRUSTEE FOR BE nor beneficiary (under the age minor child. Payment to the Te sufficiency of appointment.  Province  Pension Administration Office to	ineficiary who is of 19) during their mino rustee shall discharge the Legal Last Name  Postal Code Home Phone	A MINOR  rity will be paid to the following ne UBC Staff Pension Plan who  Country  Cell Phone  dicated in this Post Retirement	
3. DECLARATION APPO Any amount payable to a mir individual, as Trustee for the cannot be responsible for the Legal First Name  Street Address  City  Email  4. AUTHORIZATION  I hereby authorize the UBC F Beneficiary Designation form  Member Signature	Province  Pension Administration Office to I reserve the right to change	ineficiary who is of 19) during their minorustee shall discharge the Legal Last Name  Postal Code  Home Phone  o make the changes income the beneficiary, subject	Country  Cell Phone  dicated in this Post Retirement to any law relating thereto.  Date (yyyy-mm-dd)	
Any amount payable to a mirndividual, as Trustee for the cannot be responsible for the cannot be responsible for the Legal First Name  Street Address  City  Email  4. AUTHORIZATION  hereby authorize the UBC For Beneficiary Designation form  Member Signature  Freedom of Information and authority of the BC Pension For further information, pleas	Province  Pension Administration Office to I reserve the right to change  Protection of Privacy Act — The Benefits Standards Act and will	INEFICIARY WHO IS of 19) during their mino rustee shall discharge the Legal Last Name  Postal Code Home Phone  o make the changes incentive beneficiary, subject the beneficiary, subject the personal information of the used for the purpose or for the University of E	rity will be paid to the following ne UBC Staff Pension Plan who  Country  Cell Phone  dicated in this Post Retirement to any law relating thereto.	

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Employee ID\_

\_Effective (yyyy-mm-dd)\_

Entered By\_