



## 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.

### 1. MEMBER INFORMATION

First Name <i>(include middle name or initials)</i>	Last Name	Employee ID
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### 2. BENEFICIARY INFORMATION

- 1) 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 Secondary 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 secondary 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** (under the age of 19), please also complete Section 3 in addition to the following information.

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

**2. BENEFICIARY INFORMATION (continued)**

<b>Beneficiary Designation</b> Primary    Secondary		<b>Entitlement (%)</b> %	<b>Relationship</b>	<b>Date of Birth (yyyy-mm-dd)</b>
<b>Legal First Name (include middle name or initials)</b>			<b>Legal Last Name</b>	
<b>Street Address</b>				
<b>City</b>	<b>Province</b>		<b>Postal Code</b>	<b>Country</b>
<b>Email</b>			<b>Home Phone</b>	<b>Cell Phone</b>
<b>Beneficiary Designation</b> Primary    Secondary		<b>Entitlement (%)</b> %	<b>Relationship</b>	<b>Date of Birth (yyyy-mm-dd)</b>
<b>Legal First Name (include middle name or initials)</b>			<b>Legal Last Name</b>	
<b>Street Address</b>				
<b>City</b>	<b>Province</b>		<b>Postal Code</b>	<b>Country</b>
<b>Email</b>			<b>Home Phone</b>	<b>Cell Phone</b>
<b>PRIMARY BENEFICIARY TOTAL = 100%</b>			<b>SECONDARY BENEFICIARY TOTAL = 100%</b>	

**3. 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.

<b>Legal First Name</b>		<b>Legal Last Name</b>		
<b>Street Address</b>				
<b>City</b>	<b>Province</b>		<b>Postal Code</b>	<b>Country</b>
<b>Email</b>			<b>Home Phone</b>	<b>Cell Phone</b>

**4. AUTHORIZATION**

I hereby authorize the UBC Pension Administration Office to make the changes indicated in this Post Retirement Beneficiary Designation form. I reserve the right to change the beneficiary, subject to any law relating thereto.

<b>Member Signature</b>	<b>Date (yyyy-mm-dd)</b>
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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.

**TO BE COMPLETED BY THE UBC PENSION ADMINISTRATION OFFICE**

Entered By \_\_\_\_\_ Effective (yyyy-mm-dd) \_\_\_\_\_ Employee ID \_\_\_\_\_