
Spouse or Common Law Partner & Beneficiary Designation

Plan Name: Public Service Superannuation Plan

(Please Print)

Initial Designation

Revised Designation

Member's Name: _____ S.I.N.: _____

In accordance with pension benefits legislation and the terms of the plan, your spouse or common law partner may be entitled to certain benefits following your death, regardless of any other beneficiary you have named. Benefits not payable to your spouse or common law partner will be paid to your beneficiary. You may designate your spouse or common law partner as your beneficiary, but to do so, you must complete the *Designation of Beneficiary* section below.

Identification of Spouse or Common Law Partner

I have a spouse or common law partner, as defined by the applicable pension benefits legislation.

Spouse's or Common Law Partner's

Name: _____
Last First Initial

Date of Birth: _____ Sex: Male Female
Day/Month/Year

I do not have a spouse or common law partner, as defined by the applicable pension benefits legislation.

Designation of Beneficiary

I revoke any beneficiary designation I may have made previously under the Plan. I appoint the following beneficiaries to receive any amounts payable from the plan, in the event of my death:

| Name(s) | Relationship(s) | Share of Proceeds |
|---------|-----------------|-------------------|
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |

Unless specified otherwise, proceeds will be divided equally among all beneficiaries.

If you are designating a beneficiary who is a minor, please designate a trustee. By completing this section, you revoke any previous trustee designations.

I hereby designate _____, _____, to receive and distribute any
Name of Trustee Relationship to you

monies payable to _____ during minority.
Name of beneficiary who is a minor

I reserve the right to revoke the designation of my beneficiary. I acknowledge that all designations remain in effect until they are revoked in writing, by me and received by my employer or pension plan administrator.

Signature of Member

Signature of Witness

Date

Day/Month/Year

Name of Witness (Please Print)