



**THE CONTRIBUTORY PENSION PLAN FOR EMPLOYEES REPRESENTED
BY OPSEU LOCAL 365 AND EXEMPT ADMINISTRATIVE STAFF OF
TRENT UNIVERSITY
Registration Number 0310409**

BENEFICIARY APPOINTMENT

Name: _____ Employee
Number: _____

This form is applicable to all pre-retirement death benefits as well as to applicable post-retirement death benefits (e.g. where a guaranteed form of pension payment is selected and there are remaining guaranteed payments to be made at the time of death).

In the event you die before pension payments begin:

- If you have an eligible spouse when you die, pension legislation ensures that your spouse will automatically receive the value of your pension benefit, whether or not you have designated your spouse as your beneficiary on this form. See the “Declaration of Marital Status Form” for a definition of who qualifies as your eligible spouse. Your spouse can waive this right by submitting the Financial Services Commission of Ontario’s “Waiver of Pre-Retirement Death Benefit” form.
- If you do not have an eligible spouse when you die or if your eligible spouse has waived his/her right by submitting the Financial Services Commission of Ontario’s “Waiver of Pre-Retirement Death Benefit” form, the beneficiary(ies) you name on this form will receive a benefit on your death. As a general rule, any benefits payable to a beneficiary will be paid to your estate if there is no beneficiary designation on file.

In the event you die after pension payments begin:

- What happens to your pension benefits when you die after pension payments begin depends on the form of payment you choose at retirement.

Beneficiary Appointment (must be completed)

I hereby revoke any previous beneficiary designation(s) I have made. I designate the following person(s) as my beneficiary(ies) for amounts that may become payable to a beneficiary from the Pension Plan upon my death.

I understand that where more than one beneficiary is provided below, the benefits will be distributed in equal shares unless the allocations are specified below and the total allocations equal 100%. I also understand that if any of the beneficiaries die before I do, the monies shall be payable to the surviving beneficiaries in proportion to the remaining beneficiary allocations. If there are no surviving beneficiaries, the monies shall be payable to my estate.

If I wish to change my beneficiary for any reason, including in the event of a future marriage or divorce, I will need to do so by means of a new designation.

Beneficiary Name	Date of Birth (mm/dd/yyyy)	Relationship	Address	Percentage (%) of Benefit Payable

You may want to consult with your lawyer, notary public or financial advisor to make sure your designation is valid and consistent with your intentions. You must complete a new form to change any information provided on this one.

If there is not enough space above to list all of your beneficiaries, attach a page with the additional information.

CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT

I hereby certify that the information provided above is true and correct as of the date of this declaration.

Member Signature	Date (mm/dd/yyyy)
Witness Signature	Date (mm/dd/yyyy)