



## NOMINATION OF BENEFICIARY (Pre-retirement)

### INFORMATION FOR PLAN MEMBER:

- You can change your beneficiary(ies) by completing and returning this form to the Public Service Pension Plan. For further information see *Protecting your Pension Benefit: A Guide for Nominating Beneficiaries before Retiring* on our website.
- This *Nomination of Beneficiary* will replace and revoke all previous nominations. Where you provide spousal information you are confirming your spouse is your beneficiary and that you are revoking all previous nominations.
- If you are a member of more than one pension plan that the Pension Corporation administers, you **must** complete a separate *Nomination of Beneficiary* form for each pension plan and, if applicable, a *Form 4: Spouse's Waiver of Preretirement Survivor Benefit* for each pension plan.
- If you are divorced or separated, all nominations are subject to separation agreements and entered court orders. For further information see *How a separation or divorce affects your pension* PensionFacts on our website.
- You are responsible for notifying the Public Service Pension Plan of any change of beneficiary designation.
- For further information go to our website or contact the Public Service Pension Plan if you are contemplating other beneficiary arrangements.

#### PENSION PLAN USE ONLY

PERSON ID

**Public Service Pension Plan**  
PO Box 9460  
Victoria BC V8W 9V8

Location 2995 Jutland Road, Victoria

Web [pspp.pensionsbc.ca](http://pspp.pensionsbc.ca)

Victoria 250 953-3033

Toll-free in Canada/U.S. 1 800 665-3554

Fax 250 953-0425

Email [PSPP@pensionsbc.ca](mailto:PSPP@pensionsbc.ca)

Complete sections A and B below.

### **(A) PLAN MEMBER INFORMATION**

LAST NAME (please print)

FIRST NAME

SOCIAL INSURANCE NO.

PERSON ID (8 digit number  
found on your Member's  
Benefit Statement or any other  
correspondence from the  
pension plan)

MAILING ADDRESS

EMAIL

WORK PHONE  
(include 10 digits)

HOME PHONE  
(include 10 digits)

DATE OF BIRTH  
YYYY / MM / DD

### **(B) SPOUSAL INFORMATION**

- If you have a spouse at the time of your death, your spouse is automatically your beneficiary unless they waive their rights on *Form 4: Spouse's Waiver of Preretirement Survivor Benefit*.
  - Definition of Spouse: In this pension plan, "spouse" means **either** the person you are legally married to and, for the two year period immediately before the relevant time (e.g., retirement or death), you were not living separate and apart from,\* or the person of the same or opposite sex who has lived with you in a marriage-like relationship for the two-year period immediately before the relevant time.
  - \* There may be situations where you and your spouse did not intend to live separate and apart. These types of situations could include where you are living apart for purposes of work or as a result of illness/health reasons. In these circumstances you would not be considered living separate and apart for purposes of the definition of spouse.
- If your relationship status changes, please notify the Public Service Pension Plan.

Indicate your status by checking (✓) one of the three boxes below:

- ☐ I have no spouse: (separation date, if applicable) YYYY / MM / DD **OR** (death date, if applicable) YYYY / MM / DD → **Go to section C on page 2**
- ☐ I am married
- ☐ I am in a marriage-like relationship (at least 2 years): (cohabitation date) YYYY / MM / DD

SPOUSE LAST NAME

SPOUSE FIRST NAME

SPOUSE DATE OF BIRTH

YYYY / MM / DD

SPOUSE SOCIAL INSURANCE NO.

If you have a spouse and wish to nominate other beneficiaries, check (✓) one of the boxes below and continue to page 2:

- ☐ My spouse has waived their rights on *Form 4: Spouse's Waiver of Preretirement Survivor Benefit* and a completed *Form 4* is attached or has been filed. I understand that unless my spouse's waiver is filed with the Public Service Pension Plan, then the beneficiary(ies) named on this form will not be valid. (**Ensure Form 4 is attached and completed in full, if it has not previously been submitted.**)
- ☐ My spouse is my beneficiary; however, I wish to nominate alternate beneficiary(ies) in the event I have no spouse at the time of my death.

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Privacy Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.



## C BENEFICIARY NOMINATION

- If your spouse waives their rights on *Form 4: Spouse's of Waiver of Preretirement Survivor Benefit* or you do not have a spouse at the time of your death, your pension entitlement will be paid to your nominated beneficiary(ies).
- You may nominate one or more person or organization (e.g., societies, charities, trusts, or corporations) beneficiary(ies).
- If you are divorced or separated, all nominations are subject to separation agreements and entered court orders. See the applicable marital breakdown fact sheet on our website for further details.
- **The total percentage of the benefit allocated to your beneficiaries must equal 100%. If there are no percentages indicated, the benefit will be divided equally among all nominated beneficiaries, subject to rounding.**

|   |   |  |                               |
|---|---|--|-------------------------------|
| <b>BENEFICIARY #1</b> – Complete this section if you wish to nominate a beneficiary to receive all or a portion of your pension benefits.                               |   |  |                               |
| ENTER SHARE OF BENEFITS<br>_____<br>%   | LAST NAME (OR ORGANIZATION NAME AND BRANCH) |  | FIRST AND MIDDLE NAME(S)      |
| RELATIONSHIP TO MEMBER  | DATE OF BIRTH<br>YYYY / MM / DD             | SOCIAL INSURANCE NO. (CRA OR REGISTRATION NO. – if organization) | PHONE NO. (include 10 digits) |
| MAILING ADDRESS (street [include Apt No., if applicable], city or town, province or state, postal code and country)<br>ONLY INCLUDE ADDRESS IF DIFFERENT THAN SECTION A |   |  | EMAIL                         |
| <b>BENEFICIARY #2</b> – Complete this section if you wish to nominate another beneficiary to receive all or a portion of your pension benefits.                         |   |  |                               |
| ENTER SHARE OF BENEFITS<br>_____<br>%   | LAST NAME (OR ORGANIZATION NAME AND BRANCH) |  | FIRST AND MIDDLE NAME(S)      |
| RELATIONSHIP TO MEMBER  | DATE OF BIRTH<br>YYYY / MM / DD             | SOCIAL INSURANCE NO. (CRA OR REGISTRATION NO. – if organization) | PHONE NO. (include 10 digits) |
| MAILING ADDRESS (street [include Apt No., if applicable], city or town, province or state, postal code and country)<br>ONLY INCLUDE ADDRESS IF DIFFERENT THAN SECTION A |   |  | EMAIL                         |

**TO NOMINATE ADDITIONAL BENEFICIARY(IES) AND ALTERNATES** – For more information, read *Protecting your Pension Benefit: A Guide for Nominating Beneficiaries before Retiring* on our website

- ☐ I have attached a separate sheet to specify additional beneficiary information. The additional sheet must include your printed name and signature dated with the same date written on this form to be valid.
- **Additional Beneficiary(ies)** – you can nominate multiple beneficiaries. You must include all information as above.
  - **Alternate Beneficiary(ies)** – you can nominate multiple alternates. You must include all information as above and ensure that each alternate beneficiary identified is associated with a nominated beneficiary. You can choose to give a different percentage to different alternate beneficiaries, but the total shares must always equal the same total percentage that has been allocated to their respective beneficiary.
  - **Trustee Information** – the Public Guardian and Trustee of BC is the default trustee if you nominate a minor under the age of 19. You may designate a different trustee to hold in trust for the minor.

**D ESTATE BENEFICIARY** – Complete the share of benefits percent box if you wish your estate to receive all or a portion of your pension benefit.

|                                       |
|---------------------------------------|
| ENTER SHARE OF BENEFITS<br>_____<br>% |
|---------------------------------------|

**E PLAN MEMBER SIGNATURE** – (You must sign and date this form and any additional sheets submitted in order for your nomination to be valid and accepted). I revoke any and all previous nominations I may have made for my Public Service Pension Plan benefit. I nominate the beneficiary(ies) named on this form (and any beneficiary(ies) named on attached sheets) to receive my Public Service Pension Plan benefit in the event of my death.

|  |                               |
|--|-------------------------------|
| PLAN MEMBER SIGNATURE (must be signed) | DATE SIGNED<br>YYYY / MM / DD |
|--|-------------------------------|

Disclaimer: The information on this form is based on the pension plan rules, regulations and provincial legislation, which are subject to change. In cases where the information on the attached form is different from what is in the plan rules, regulations and legislation, the latter will apply.