



**THE UNITED CHURCH OF CANADA  
 PENSION PLAN (Registration #0355230) AND LIFE INSURANCE**

**SPOUSE AND DEPENDENT DECLARATION AND BENEFICIARY DESIGNATION FORM FOR RETIRED MEMBERS**

Please fill out this form completely. The information provided on this form will confirm and/or replace all previous forms on record.

I understand that I have the right to change my pension beneficiary at any time by written notice to the Benefits Centre, subject to the provisions of any applicable law or regulation. I further understand if my spouse and/or my designated pension beneficiary should predecease me and no other beneficiary has been appointed thereafter, any proceeds from the Pension Plan shall be payable to my estate. The information on this form is true and complete.

New Retiree       Change of Information

STEP 1 - MEMBER INFORMATION					
MEMBER NAME (LAST, FIRST)				EMPLOYEE ID	
SIN		DATE OF BIRTH (mm/dd/yyyy)		GENDER	
ADDRESS					
EMAIL				TELEPHONE	
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated* <input type="checkbox"/> Divorced *					
DATE OF SEPARATION (mm/dd/yyyy) (If Applicable)				DATE OF DIVORCE (mm/dd/yyyy) (If Applicable)	
*If you are separated or divorced while a member of the Pension Plan, you must provide a copy of your divorce/separation agreement as it details the division of pension entitlement.					
STEP 2 - DECLARATION OF SPOUSE					
SPOUSE NAME (LAST, FIRST)					
DATE OF BIRTH (mm/dd/yyyy)				GENDER	
ADDRESS					
EMAIL				TELEPHONE	
STEP 3- DECLARATION OF DEPENDENTS					
Spouse and/or eligible children must be declared below. If there are more than five dependents, attach a separate sheet with the applicable information.					
Dependent's Name (last, first)	Gender	Date of birth (mm/dd/yyyy)	Relationship	Check applicable box if child is 18 or older	Check box below if dependent is covered under another plan
		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>
		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>
		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>
		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>
		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>

Member Initials: \_\_\_\_\_



<b>STEP 4 – DESIGNATION OF PENSION BENEFICIARY</b>		
<p>It is recommended you designate a pension beneficiary that is a person or entity who is <u>not your spouse</u> on or after the date you retire. In the event of your death, only the Spouse at the time of your retirement will be eligible for any applicable spousal pension benefits unless a spousal waiver is on file regardless of who you name as beneficiary. On your death, if you do not have a spouse, or your spouse signed a waiver or predeceased you, all pension benefits on death are payable to your designated beneficiary. If you do not have a designated beneficiary on file or your designated beneficiary predeceased you, all pension benefits on death are payable to your estate. If you are required to appoint a certain beneficiary under a court order or other domestic contract, you must provide such order or contract to the Pension Plan as soon as it is executed. The Pension Plan cannot comply with any order or contract it has not received and will not be responsible if a benefit was paid in conflict with a court order or domestic contract it has not received. If your pension beneficiary is under age 18, you should consider naming a trustee (see Step 4A). If you have more than four pension beneficiaries, attach a separate sheet with the applicable information..</p>		
BENEFICIARY NAME (LAST, FIRST)	RELATIONSHIP TO MEMBER	PERCENTAGE ALLOCATION
		%
		%
		%
		%
Total		100%
<b>STEP 4A- DECLARATION OF TRUSTEE FOR PENSION BENEFICIARY UNDER THE AGE OF MAJORITY</b>		
<p>Should any of the pension beneficiaries be under the Age of Majority, I hereby appoint the following individual as Trustee to receive any amount(s) payable to the(se) pension beneficiaries (Not applicable in Quebec).</p>		
TRUSTEE NAME (LAST, FIRST)	RELATIONSHIP TO MEMBER	
TRUSTEE ADDRESS AND EMAIL		
<b>STEP 5 – DESIGNATION OF LIFE INSURANCE BENEFICIARY</b>		
<p>If you have more than three beneficiaries, attach a separate sheet with the applicable information. Subject to applicable legislation, you are confirming your life insurance beneficiary designation noted below. Your life insurance beneficiary is revocable (unless specified as irrevocable). Provincial laws may restrict your ability to change your life insurance beneficiary designations. The United Church of Canada and any of its associated employers are not responsible for the validity of any designation. If your life insurance beneficiary is under age 18, you should consider naming a trustee. (see Step 5A)</p>		
<u>Do you live in Quebec?</u>		
<p>If you live in Quebec, the designation of your spouse as life insurance beneficiary is automatically irrevocable (meaning your spouse must consent in writing if you want to change your life insurance beneficiary) unless you state otherwise <u>when you first make the designation</u>. If you want to change your life insurance beneficiary designation without your spouse's written consent, you should designate your spouse as a revocable beneficiary.</p>		
<u>If you live in Quebec and named your spouse as a beneficiary, check one of the two boxes below:</u>		
<input type="checkbox"/> This designation is revocable. I can change it at any time without my spouse's written consent.		
<input type="checkbox"/> This designation is irrevocable. I must have my spouse's written consent to change my designation.		
I hereby revoke any previously designated beneficiary, and subject to any overriding legal spousal rights, I appoint the following person(s) as beneficiary.		
BENEFICIARY NAME (LAST, FIRST)	RELATIONSHIP TO MEMBER	PERCENTAGE ALLOCATION
		%
		%
		%
Total		100%
<b>STEP 5A- DECLARATION OF TRUSTEE FOR LIFE INSURANCE BENEFICIARY UNDER THE AGE OF MAJORITY</b>		
<p>Should any of the life insurance beneficiaries be under the Age of Majority, I hereby appoint the following individual as Trustee to receive any amount(s) payable to the(se) life insurance beneficiaries (Not applicable in Quebec).</p>		
TRUSTEE NAME (LAST, FIRST)	RELATIONSHIP TO MEMBER	
TRUSTEE ADDRESS AND EMAIL		
<b>STEP 6 – MEMBER AUTHORIZATION</b>		
<p>I understand that I have the right to change this information at any time by completing another form and filing with the Benefits Centre, subject to the provisions of any applicable law or regulation. I certify that the information on this form is true and complete.</p>		
MEMBER SIGNATURE	DATE (mm/dd/yyyy)	