

Dalhousie University Staff Pension Plan

Name (Print): _____ Employee No.: _____

Subject to the terms of the Dalhousie University Staff Pension Plan and/or the provisions of the Pension Benefits Act, I hereby direct Dalhousie University to pay the applicable benefits as I have indicated herein. I understand that Dalhousie University will follow these directions unless prohibited by the terms of the Plan or Act by due process of law.

BENEFICIARIES			
Name (Surname-First Name-Middle Initial)	Date of Birth (dd-mm-yy)	Relationship to Employee	Percentage of Available Benefits Payable

I understand that upon my death, my spouse is entitled to a minimum pension benefit, and any balance remaining, if any, is payable to my designated beneficiary. If I have no spouse, the benefits are payable to my designated beneficiary. In the absence of a designated beneficiary those benefits are payable to my estate.

If you want any benefits to be paid to a trustee in trust for a beneficiary, please follow the instructions on the reverse of this form. If the terms of any such trust are contained in a separate document such as a trust agreement or a will, provide details of that document here: _____.

If any of the above-named beneficiaries predeceases me, that beneficiary's share shall (check one):

☐ revert to my estate; or
☐ be divided equally among the surviving named beneficiaries.

I certify that the following applies to me as of the date of signature below. The Administrator of the Dalhousie University Staff Pension Plan is directed to administer my pension entitlements in accordance with the indicated description of my marital/spousal circumstances (please check only one):

I am legally married, and my marriage has not been voided by a declaration of nullity, divorce, or decree.

☐

I am registered as a domestic partner under the Vital Statistics Act and neither I nor my partner has filed a Statement of Termination, married another person, filed an agreement pursuant to Section 52 of the Maintenance and Custody Act or lived separate and apart for more than 1 (one) year.

☐

I currently have a common-law partner (same or opposite sex) with whom I have lived for at least 1 (one) year and neither of us is legally married to another person, or with whom I have lived for at least 3 (three) years if one of us is legally married to another person.

☐

None of the above apply.

☐

I hereby revoke all previously designated beneficiary appointments with respect to the applicable pension benefits. I reserve the right to change my beneficiary designation(s) from time to time, subject to the provisions of any law or regulation governing the designation of beneficiaries. This designation shall be considered a written designation within the meaning and for purposes of the *Beneficiaries Designation Act*.

Signature:

Date:

DESIGNATING BENEFITS TO A TRUSTEE

If you wish to designate a trustee to hold your benefits in trust for another person, we recommend that you consult with a legal advisor and with your proposed trustee.

If you wish to designate a trustee to hold your benefits in trust for another person, we ask that you use the following format in the box on page 1:

“Mary Smith in trust for Joey Smith”

or

“Mary Smith as trustee for Joey Smith”

Attach a separate page, if you wish, setting out the terms of the trust. If the terms of the trust are set out in a separate document such as trust agreement or will, you may include details of that document in the area provided on page 1.