

**Designation of Spouse and Non-Spouse Beneficiary**

DB-1

(Please Print Clearly)

|  |  |  |
| --- | --- | --- |
| **Surname** | **Given Name & Initial(s)** | **Employee Number** |
| **Employer** | | |

**Declaration of Spouse**

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| --- | --- | --- | --- |
| Spousal Status □ I have a “spouse”  □ I do not have a “spouse” | The definition of “**spouse**” is:   1. a person who is married to you and has not been living separate and apart from you for 3 or more consecutive years; or 2. if there is no person to whom (1) applies, a person of either sex who has lived with you in a marriage-like relationship for the immediately preceding 3-year period (or a 2-year period if you are together the natural or adoptive parents of a child under the laws of Alberta); or 3. if there is no person to whom (1) or (2) applies, and you have not filed a Declaration of Spousal Separation to the contrary, a person who was married to you but has been separated from you for at least 3 years. | | |
| **Spouse’s Surname** | **Spouse’s Given Name & Initial(s)** | **Spouse’s Date of Birth**  **(DD/MM/YYYY)**  / / | Spouse’s Gender □ Male  □ Female |
| **Designation of Non-Spouse Beneficiary** | | | |
| I understand that, under pension legislation, my spouse, if I have one, automatically qualifies as my beneficiary. However, in the event I do not have a spouse at the time of my death, I hereby designate the person(s) named below, or my estate if so indicated, as my non-spouse beneficiary(ies) of any benefit payable under the plan. This designation replaces and supersedes any designation previously made by me pursuant to the terms of the plan.  I understand that death benefits payable from the plan must first be payable to my spouse and, if I have a spouse when I die, my beneficiary designation is null and void and all benefits payable from the plan shall be payable to my spouse.  **Name Relationship %**  **Name Relationship %**  **Name Relationship %**  **Name Relationship %**  **Name Relationship %**  **In the event of the death of the beneficiary(ies) listed above, I hereby designate as my beneficiary,**  **Name Relationship** | | | |
|  | | | |
| **Date Member's Signature** | | | |

**Note:** Please return this form to your Employer for updating of your administration records.

This personal information is being collected under the authority of the *Employment Pension Plans Act* and will be used for the purpose of administering your pension benefits. It is protected as per the provisions of the *Freedom of Information and Protection of Privacy Act.*