CHANGE OF PENSION BENEFICIARY
Western University

☐ Pension Plan for Academic Staff  ☐ Pension Plan for Administrative Plan Staff

<table>
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<tr>
<th>EMPLOYEE NUMBER</th>
<th>DEPARTMENT</th>
<th>PHONE NUMBER</th>
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<tr>
<th>SURNAME</th>
<th>GIVEN NAME &amp; INITIAL</th>
<th>EMAIL ADDRESS</th>
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In the event of your death, the accumulated value of your Pension Plan contributions and those made by your employer on your behalf (together with investment income) becomes payable. As explained below, the Pension Benefits Act provides that certain portions of your Pension Plan entitlement must be paid to the person who is your spouse on the date of death. This rule does not apply if your spouse has completed and filed the authorized form waiving this benefit or if you and your spouse are living separate and apart on the date of death.

For this purpose, a spouse means a person to whom the member is

a) married, or

b) not married but the member and that person have been living together in a conjugal relationship

i. continuously for a period of not less than three years, or

ii. in a relationship of some permanence, if they are the natural or adoptive parents of a child, both as defined in the Family Law Act, R.S.O. 1990.

Under the Pension Benefits Act, your spouse is entitled to receive the following from your Regular Account:

- all contributions made to your Regular Account after December 31, 1986 and related investment income; and
- all employee contributions made to your Regular Account prior to January 1, 1987 and related investment income.

The same rules apply to locked-in Voluntary Account balances transferred from another registered pension plan.

Spousal Information:

☐ I have a spouse as defined above. The name of my spouse is: ________________________________

☐ I do not currently have a spouse as defined above.

SPOUSAL BENEFICIARY DESIGNATION:

Complete this section to designate your spouse as a beneficiary. **I hereby revoke any previous beneficiary designation and do hereby designate my spouse, ________________________________, as beneficiary of my Pension Plan entitlements.**

Name of Spouse

Note: If you choose to designate your spouse as a beneficiary of your Pension Plan, that designation will not be affected by a later separation or divorce unless you take steps to change your beneficiary designation.

NON-SPOUSAL BENEFICIARY DESIGNATION:

Complete this section if you wish to designate a non-spouse as beneficiary/ies. This designation applies only to those Pension Plan benefits which are not, by law, payable to the person who is your spouse on the date of death. If no designation is made and you do not have a spouse on the date of death, the Pension Plan benefits will be paid to your estate.

**I hereby revoke any previous beneficiary designations and do hereby designate the following beneficiary or beneficiaries of my Pension Plan entitlements.**

<table>
<thead>
<tr>
<th>Name(s) of Beneficiaries</th>
<th>Relationship</th>
<th>Percentage</th>
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Note: If your beneficiary is under age 18 or mentally infirm, you must appoint a trustee for that beneficiary. Please complete the TRUSTEE APPOINTMENT on the reverse of this form.

Please also appoint a Contingent Beneficiary(ies). These individuals will receive the Pension Plan death benefit should your designated beneficiary(ies) predecease you. Complete the CONTINGENT BENEFICIARY(IES) section on the reverse of form.

_________________________ __________________________
MEMBER SIGNATURE YEAR / MONTH / DAY
CONTINGENT BENEFICIARY(IES): In the event that the above named beneficiary(ies) predecease me or if their death occurs simultaneous to mine, I hereby designate the following beneficiary(ies):


Name(s) of Beneficiary/ies

Relationship

MEMBER SIGNATURE

YEAR / MONTH / DAY


TRUSTEE DESIGNATION:


Name

Relationship

is hereby appointed Trustee to receive any payment due on or after my death to any beneficiary designated on this form who is a minor or who is mentally infirm on the date such payment falls due.


MEMBER SIGNATURE

YEAR / MONTH / DAY


SPECIAL INSTRUCTIONS (example: percentage breakdown for each beneficiary)


Please send completed form to:
Western Human Resource Services
5100 Support Services Building
London, ON N6A 3K7

FOR DEPARTMENT OF PENSIONS & BENEFITS USE ONLY

Benefits Administration Action: Family Status Change
RF ER#: Path: Go/Compensate Employees/Administer Automated Benefits/Use/BAS Activity

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<thead>
<tr>
<th>BAS ACTIVITY</th>
<th>□ PART- TIME PLAN</th>
<th>□ TERMINATED</th>
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<td>FLAGGED:</td>
<td>ENTERED:</td>
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<tr>
<td>INITIALS</td>
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<tr>
<td>DATE: YYYY MM DD</td>
<td>DATE: YYYY MM DD</td>
<td>DATE: YYYY MM DD</td>
</tr>
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</table>

ENTERED: INITIALS     DATE: YYYY MM DD     ID# _____     VERIFIED: INITIALS

VERIFIED: INITIALS     DATE: YYYY MM DD

INITIALS     YYYYMMDD

Rev. Oct 2012/forms/beneficiary