

**SUPPLEMENTAL PENSION ARRANGEMENT  
BENEFICIARY DESIGNATION FORM**

Member's Western ID #		Member's Full Name	
Phone Number	Email Address	Department	

Participation in the Supplemental Pension Arrangement (SPA) arises when required contributions to a member's account under the University's registered pension plan exceeds the allowable limit determined by Canada Revenue Agency. Excess contributions are credited to a notional account under the control of the University. Members will receive an annual statement outlining amounts added to or deducted from their notional account. Upon termination or retirement the member has options to receive the funds. In the event of the member's death, the account will be settled to the beneficiaries outlined below.

**BENEFICIARY DESIGNATION**

I hereby designate the following beneficiary(ies) to receive any death benefits related to contributions made to the Supplemental Pension Arrangement:

BENEFICIARY NAME(S)	RELATIONSHIP TO MEMBER	NAME OF TRUSTEE

**CONTINGENT BENEFICIARY(IES)**

In the event that the above named beneficiary(ies) predeceased me or whose death occurs simultaneous to mine, I hereby designate the following beneficiary(ies):

CONTINGENT BENEFICIARY NAME(S)	RELATIONSHIP TO MEMBER	NAME OF TRUSTEE

Further, the named Trustee is hereby appointed to receive any payment due on or after my death to any beneficiary designated on this forms who is under age 18 or who is mentally infirm on the date such payment falls due.

\_\_\_\_\_  
**Signature of Member**

\_\_\_\_\_  
**Date**

Please return the completed payment authorization election form to:  
Support Services Building, Room 4159 London, ON N6A 3K7