

**SUPPLEMENTAL PENSION ARRANGEMENT
BENEFICIARY DESIGNATION FORM**

Member's Western ID #	Member's Full Name (please print)
Phone Number	Email Address

For death benefits related to my notional account established under the Supplemental Pension Arrangement, I hereby revoke any previous beneficiary designations and designate the following **beneficiary(ies)**:

Name	Relationship	Share (%)

Contingent Beneficiary(ies)

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

Name	Relationship	Share (%)

Trustee Designation

I hereby designate the following 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:

Name	Relationship

Signature of Member

Name of Witness

Date

Signature of Witness

Beneficiary designations are maintained on file in Western Human Resources. You may make changes to your designated beneficiaries at any time. This form is available online at www.uwo.ca/hr or by contacting Western HR at 519-661-2194.

Return to: Western Human Resources Support Services Building, Room 5100 London, ON N6A 3K7