

PERSON ID	
<b>College Pension Plan</b> PO Box 9460 Victoria BC V8W 9V8	
Web	college.pensionsbc.ca
Toll-free (Canada/U.S.):	1-888-440-0111

**LOG ON TO My Account SAFELY AND SECURELY TO CHANGE YOUR BENEFICIARY(IES)**

**Information for plan member:**

- This nomination will replace and revoke all previous nominations. Where you provide spousal information, you are confirming your spouse is your beneficiary and revoking all previous nominations.
- If you are a member of more than one pension plan that the Pension Corporation administers, for each pension plan you **must** complete a separate nomination and, if applicable, *Form 4: Spouse's Waiver of Beneficiary Right to Benefits in a Pension Plan, Locked-In Retirement Account, Life Income Fund or Annuity Before Pension or Annuity Payments Start* (Form 4).
- If you are divorced or separated, all nominations are subject to separation agreements and entered court orders. For more information, visit the plan website.
- You must let us know of any change of beneficiary designation.
- If you are thinking of other beneficiary arrangements, go to our website or contact us for more information.
- If not using My Account to change your beneficiary(ies), complete and return this form to us.
- For more information about nominating beneficiaries, visit the plan website.

**Complete sections A and B below.**

## (A) Plan member information

LAST NAME		FIRST NAME		
ADDRESS (include unit number, if applicable)	CITY	PROVINCE	POSTAL CODE	COUNTRY
EMAIL	WORK PHONE	HOME PHONE		DATE OF BIRTH YYYY-MM-DD

## (B) Spousal information

- **If you have a spouse at the time of your death, your spouse is automatically your beneficiary unless they waive their rights on Form 4.**
- **Definition of Spouse:** Persons are spouses for the purposes of the *Pension Benefits Standards Act* on any date on which one of the following applies:
  - (a) they
    - (i) are married to each other, and
    - (ii) have not been living separate and apart from each other for a continuous period longer than two years;
  - (b) they have been living with each other in a marriage-like relationship for at least two years immediately preceding the date.
- **Explanatory Note:** Where spouses live apart because of work commitments or illness means, for pension purposes, they are not living separate and apart.
- If your relationship status changes, please notify the College Pension Plan.

Indicate your status by selecting one of the options below:

I have **no spouse**: (separation date, if applicable) YYYY-MM-DD **OR** (death date, if applicable) YYYY-MM-DD → Go to section C on page 2

I am married YYYY-MM-DD

I am in a marriage-like relationship (at least two years): (cohabitation date) YYYY-MM-DD

SPOUSE LAST NAME	SPOUSE FIRST NAME	SPOUSE DATE OF BIRTH YYYY-MM-DD
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**If you have a spouse and wish to nominate other beneficiaries, select one of the options below and continue to page 2:**

- My spouse has waived their rights, a completed *Form 4* is attached or has been filed. I understand that unless my spouse's waiver is filed with the College Pension Plan, the beneficiary(ies) named on this form will not be valid. **(Ensure Form 4 is attached and completed in full, if it has not previously been submitted.)**
- My spouse is my beneficiary; however, I wish to nominate alternate beneficiary(ies) should I have no spouse at the time of my death.

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the BC Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the privacy officer at PO Box 9460, Victoria BC V8W 9V8 or by telephone at 250-387-1002.

### © Beneficiary nomination

- If your spouse completed *Form 4* waiving their rights or you do not have a spouse at the time of your death, your pension entitlement will be paid to your nominated beneficiary(ies).
- You may nominate one or more person or organization (e.g., societies, charities, trusts or corporations) as beneficiary(ies).
- If you are divorced or separated, all nominations are subject to separation agreements and entered court orders. For more information, visit the plan website.
- **The total percentage of the benefit allocated to your beneficiaries must equal 100%. If there are no percentages indicated, the benefit will be divided equally, subject to rounding.**

<b>BENEFICIARY #1</b> —Complete this section if you wish to nominate a beneficiary to receive all or a portion of your pension benefits.							
ENTER SHARE OF BENEFITS _____ . _____ %		LAST NAME (OR ORGANIZATION NAME AND BRANCH)		FIRST AND MIDDLE NAME(S)		CRA OR REGISTRATION NUMBER (if organization)	
ADDRESS (include unit number, if applicable) ONLY INCLUDE ADDRESS IF DIFFERENT THAN SECTION A		CITY		PROVINCE	POSTAL CODE	COUNTRY	
EMAIL		PHONE NUMBER		RELATIONSHIP TO MEMBER		DATE OF BIRTH YYYY-MM-DD	
<b>Trustee</b> —The Public Guardian and Trustee of BC is the default trustee for a person under 19 years of age. Complete this section if you wish to nominate a different trustee to hold your pension benefit in trust for Beneficiary #1.							
LAST NAME (OR ORGANIZATION NAME AND BRANCH)				FIRST AND MIDDLE NAME(S)			
DATE OF BIRTH YYYY-MM-DD		PHONE NUMBER		EMAIL			
ADDRESS (include unit number, if applicable)				CITY		PROVINCE	POSTAL CODE
<b>BENEFICIARY #2</b> —Complete this section if you wish to nominate a beneficiary to receive all or a portion of your pension benefits.							
ENTER SHARE OF BENEFITS _____ . _____ %		LAST NAME (OR ORGANIZATION NAME AND BRANCH)		FIRST AND MIDDLE NAME(S)		CRA OR REGISTRATION NUMBER (if organization)	
ADDRESS (include unit number, if applicable) ONLY INCLUDE ADDRESS IF DIFFERENT THAN SECTION A		CITY		PROVINCE	POSTAL CODE	COUNTRY	
EMAIL		PHONE NUMBER		RELATIONSHIP TO MEMBER		DATE OF BIRTH YYYY-MM-DD	
<b>Trustee</b> —The Public Guardian and Trustee of BC is the default trustee for a person under 19 years of age. Complete this section if you wish to nominate a different trustee to hold your pension benefit in trust for Beneficiary #2.							
LAST NAME (OR ORGANIZATION NAME AND BRANCH)				FIRST AND MIDDLE NAME(S)			
DATE OF BIRTH YYYY-MM-DD		PHONE NUMBER		EMAIL			
ADDRESS (include unit number, if applicable)				CITY		PROVINCE	POSTAL CODE

**To nominate additional beneficiary(ies) and alternates**—For more information about nominating beneficiaries, visit the plan website.

**I have attached a separate sheet to specify additional beneficiary information.** The additional sheet must include your printed name and signature dated with the same date written on this form to be valid.

- **Additional Beneficiary(ies)**—You can nominate multiple beneficiaries. You must include all information as above.
- **Alternate Beneficiary(ies)**—You can nominate multiple alternates. You must include all information as above and ensure each alternate beneficiary identified is associated with a nominated beneficiary. You can choose to give a different percentage to each alternate beneficiary, but the total shares must equal the same total percentage that has been allocated to the respective beneficiary.
- **Trustee Information**—The Public Guardian and Trustee of BC is the default trustee if you nominate a minor under age 19. You may designate a different trustee to hold in trust for the minor.

**(D) Estate beneficiary**—Complete the share of benefits per cent box if you wish your estate to receive all or a portion of your pension benefit.

ENTER SHARE OF BENEFITS
<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="margin-left: 10px;">.</div> <div style="border-bottom: 1px solid black; width: 15%;"></div> <div style="margin-left: 5px;">%</div> </div>

**(E) Plan member signature**—(You must sign and date this form and any additional sheets submitted for your nomination to be valid and accepted). I revoke any and all previous nominations I have made for my College Pension Plan benefit. I nominate the beneficiary(ies) named on this form (and on attached sheets) to receive my benefit on my death.

PLAN MEMBER SIGNATURE ( <i>must be signed</i> )	DATE SIGNED YYYY-MM-DD
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Disclaimer: The information on this form is based on the pension plan rules, regulations and provincial legislation, which are subject to change. In cases where the information on the attached form is different from what is in the plan rules, regulations and legislation, the latter will apply.