



## Beneficiary Designation Form Instructions

Please read the information below prior to completing the Beneficiary Designation Form. The Teachers' Pension Plan Text ("Plan Text") provides more detailed information and can be found at [www.tppcnl.ca](http://www.tppcnl.ca).

- Print clearly using blue or black ink (unless completed and printed from online)
- Do not cross-out, do not use white out or attempt to erase, and
- Make NO stray marks or notes anywhere on the form.

The attached beneficiary designation form is a LEGAL DOCUMENT that will be used to determine beneficiaries for your Teacher's Pension. You may wish to seek professional advice for estate planning purposes.

Before completing the beneficiary designation form, it is important to note that this form will be void if you do not follow the instructions outlined. A checklist is provided below to help ensure all required information has been completed prior to submission.

In accordance with the Plan Text, upon your death a survivor benefit is made payable to your Principal Beneficiary (which means your spouse or cohabiting partner):

- If no Principal Beneficiary, then equally to dependent children.
- If no Principal Beneficiary or dependent children, then equally to other dependent(s) who were dependent on you by reason of mental or physical infirmity.

Dependent children eligible to receive a survivor benefit as per the Plan Text are:

- Children up to age 18 years of age.
- Children between 18 and 24 years of age if they are in continuous full-time attendance at a recognized educational institution. Proof of full-time student status will be required at the time of any claim.
- Infirm child (regardless of age).

Other dependents eligible to receive a survivor benefit as per the Plan Text are parents, grandparents, brothers, sisters or grandchildren who are financially dependent on you for support and are:

- Under 18 years of age,
- Under 24 years of age and in full-time attendance at a recognized educational institution, or
- Mentally or physically infirmed (regardless of age).

In addition to the survivor benefit there may be a residual death benefit payable after all eligible survivor benefits have been paid. You can designate a beneficiary to receive these benefits.

Any person is eligible for designation as your Designated Beneficiary, including Dependent Children, Other Dependents, other children, other family members, friends, corporations, registered charities, and trusts. Survivor benefits for Dependent Children and Other Dependents are only payable during the eligible survivor benefit period and may be a small amount depending on their age at your death. If your desire is for your Dependent Children or Other Dependents to also receive any residual death benefits after completion of any applicable survivor benefits, those individuals must also be named as a Designated Beneficiary.

Principal Beneficiaries and Dependent Children do not have to be designated as your Designated Beneficiary to receive survivor benefits. Other Dependents are only entitled to survivor benefits if they are designated as a Designated Beneficiary.

**CHECKLIST (please complete all relevant items prior to uploading or submitting your Beneficiary form):**

- I have completed Section 1 of the form with my information;
- I have completed Section 2a of the form with my spouse's information;
- I have completed Section 2b of the form with my dependent children(s) information;
- I have completed Section 2c of the form with my other dependent(s) information;
- I have completed Section 3 of the form with my designated beneficiaries' information;
- I have allocated a total of 100% over my designated beneficiaries in Section 3;
- I have signed and dated the completed form; and
- My signature has been witnessed.



## BENEFICIARY DESIGNATION FORM

Office Use Only

**Submit Form:** The form can be uploaded or emailed. If you prefer, the original can be sent in the mail.

### Section 1 – Identification of Plan Member PLEASE PRINT

Check one:  Single  Married  Common-law Partner  Separated  Divorced  Widowed

MEMBER ID <b>Office Use Only</b>	LAST NAME	GIVEN NAME(S)		
SOCIAL INSURANCE NUMBER		DATE OF BIRTH (DD/MM/YY)		
EMAIL ADDRESS				

**NOTE:** If you are an active employee, please contact your employer directly for corrections or updates to your personal data, including name, address, phone number and e-mail. If you are retired, please contact us directly to update personal data.

### Section 2a – Identification of Principal Beneficiary (spouse or cohabiting partner) PLEASE PRINT

LAST NAME	GIVEN NAME(S)			
SOCIAL INSURANCE NUMBER	DATE OF MARRIAGE (DD/MM/YY)	DATE OF BIRTH (DD/MM/YY)		<input type="checkbox"/> Address same as Plan Member
MAILING ADDRESS LINE 1				
MAILING ADDRESS LINE 2	CITY/TOWN	PROVINCE	COUNTRY	POSTAL CODE

**Section 2b – Identification of Dependent Children** (up to age 18 years of age, between 18 and 24 years of age if attending full-time school, and/or infirmed regardless of age) – Attach a separate sheet if necessary.

#### PLEASE PRINT

LAST NAME	GIVEN NAME(S)	DATE OF BIRTH (DD/MM/YY)
LAST NAME	GIVEN NAME(S)	DATE OF BIRTH (DD/MM/YY)
LAST NAME	GIVEN NAME(S)	DATE OF BIRTH (DD/MM/YY)
LAST NAME	GIVEN NAME(S)	DATE OF BIRTH (DD/MM/YY)
LAST NAME	GIVEN NAME(S)	DATE OF BIRTH (DD/MM/YY)
LAST NAME	GIVEN NAME(S)	DATE OF BIRTH (DD/MM/YY)

**Section 2c – Identification of Designated Other Dependents - Attach a separate sheet if necessary.**

**PLEASE PRINT**

LAST NAME	GIVEN NAME(S)	RELATIONSHIP	DATE OF BIRTH (DD/MM/YY)	REASON OF DEPENDENCY
LAST NAME	GIVEN NAME(S)	RELATIONSHIP	DATE OF BIRTH (DD/MM/YY)	REASON OF DEPENDENCY
LAST NAME	GIVEN NAME(S)	RELATIONSHIP	DATE OF BIRTH (DD/MM/YY)	REASON OF DEPENDENCY
LAST NAME	GIVEN NAME(S)	RELATIONSHIP	DATE OF BIRTH (DD/MM/YY)	REASON OF DEPENDENCY
LAST NAME	GIVEN NAME(S)	RELATIONSHIP	DATE OF BIRTH (DD/MM/YY)	REASON OF DEPENDENCY
LAST NAME	GIVEN NAME(S)	RELATIONSHIP	DATE OF BIRTH (DD/MM/YY)	REASON OF DEPENDENCY

**Section 3 – Identification of Designated Beneficiary - Attach a separate sheet if necessary.** The following section of the form is necessary in the event there are any residual death benefits after completion of any applicable survivor benefits. Please use the section below to identify a beneficiary(ies). If you do not wish to choose a beneficiary, simply write “Estate” on the first line in the box below.

**If your desire is for your Dependent Children or Designated Other Dependents to receive any residual death benefit after completion of any applicable survivor benefits, these individuals must be named below.**

**PLEASE PRINT**

LAST NAME	GIVEN NAME(S)	RELATIONSHIP/CHARITY REG #	DATE OF BIRTH (DD/MM/YY)	PERCENT %
LAST NAME	GIVEN NAME(S)	RELATIONSHIP/CHARITY REG #	DATE OF BIRTH (DD/MM/YY)	PERCENT %
LAST NAME	GIVEN NAME(S)	RELATIONSHIP/CHARITY REG #	DATE OF BIRTH (DD/MM/YY)	PERCENT %
LAST NAME	GIVEN NAME(S)	RELATIONSHIP/CHARITY REG #	DATE OF BIRTH (DD/MM/YY)	PERCENT %
LAST NAME	GIVEN NAME(S)	RELATIONSHIP/CHARITY REG #	DATE OF BIRTH (DD/MM/YY)	PERCENT %
LAST NAME	GIVEN NAME(S)	RELATIONSHIP/CHARITY REG #	DATE OF BIRTH (DD/MM/YY)	PERCENT %

**KEEP A COPY OF THIS DESIGNATION FOR YOUR RECORDS AND PROVIDE A COPY TO YOUR BENEFICIARY(IES) AND LAWYER OR EXECUTOR OF YOUR ESTATE.**

**THE SIGNED FORM MUST BE SUBMITTED THROUGH myPENSION OR EMAIL OR MAILED TO THE TPPC.**

**Section 4 – Declaration of Plan Member**

I hereby revoke any prior beneficiary designation and designate the person(s) and/or organization(s) listed above as my beneficiary(ies):

\_\_\_\_\_  
Plan Member Name (Printed)

\_\_\_\_\_  
Signature of Plan Member

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Witness Name (Printed)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date (DD/MM/YYYY)

**Please upload or email a scanned copy or mail this signed form to the TPPC.  
Designations are not valid until signed form is received and verified.**