

# **DESIGNATION OF BENEFICIARY FORM**

| Member Information (please p   | orint)  |                                       |   |  |                              |  |
|--|---|---------------------------------------|---|--|------------------------------|--|
| Social Insurance Number  | Last Nam  | Last Name                             |   |  | First Name and Initial       |  |
| Mailing Address  | City  | Pr                                    | ov Postal Code                            | Email                                      |                              |  |
| Birth day/month/year   | Primary 1   | Primary Phone Number                  |   |  | Alternate Phone Number       |  |
| I hereby revoke all previous designation from the Saskatchewan Pension Plan i  |   |                                       | ries and name the f                       | <br>following to receiv                    | e any amount payable         |  |
| (See reverse for additional information  | n and examples. F   | or more than on                       | e beneficiary, select                     | divided equally or                         | their portion totaling 100%) |  |
| Beneficiary 1 Name:  |   |                                       |   |  |                              |  |
| Mailing Address  |   |                                       | Social Insurance I                        | No.  | Birth day/month/year         |  |
| Phone Number   |   | Email Addess                          |   |  | Relationship                 |  |
| Other (please specify)   |   |                                       | Divided equally or portion:               |  |                              |  |
| Beneficiary 2 Name:  |   |                                       |   |  |                              |  |
| Mailing Address Social Inst  |   |                                       | Social Insurance                          | No.  | Birth day/month/year         |  |
|  |   |                                       |   |  |                              |  |
| Phone Number   |   | Email Address                         |   |  | Relationship                 |  |
| Other (please specify)   |   |                                       |   | divided equal                              | ly or portion:               |  |
| Beneficiary 3 Name:  |   |                                       |   |  |                              |  |
| Mailing Address  |   | Social Insuran                        |   | No.  | Birth day/month/year         |  |
| Phone Number   |   | Email Address                         |   |  | Relationship                 |  |
| Other (please specify)   |   |                                       |   | divided equal                              | lly or portion:              |  |
| Please complete an additional "Desig<br>If you have no surviving beneficiary, a<br>deceased beneficiary will be paid to the<br>including your spouse, death benefits rec<br>receive a T4A to file with his or her income | ny benefit payable<br>survivor(s) unless o<br>ceived as cash beco | will be made to<br>otherwise indicate | your Estate. When med (pro-rated based or | nore than one benefing their entitlement). | For all beneficiaries,       |  |
| Member's Signature   |   |                                       | Dated                                     |  |                              |  |
| FOR OFFICE USE ONLY  |   |                                       |   |  |                              |  |
| ENTERED RV   |   | DATE                                  |   |  |                              |  |

## Saskatchewan Pension Plan (SPP) **Designation of Beneficiary Information Sheet**

### Intention

Before naming a beneficiary, ensure that your beneficiary designation(s), together with your will, carry out your intent for the distribution of your survivor's benefits.

In general, provincial legislation does not allow payment of benefits directly to minors (under 18 years of age). If you name a minor as a beneficiary, you should make any arrangements that are necessary (such as the appointment of a trustee) to ensure that the benefits are paid according to your intention. If a trustee is appointed, that trustee remains in place even when the beneficiary is of legal age. The trustee remains in place until the member removes the trustee information by updating their designation.

## Responsibility

It is your responsibility to ensure that the designations are up to date and reflect your intentions at all times. Changes in your marital or family status may indicate a need to update your beneficiary(ies). Beneficiary forms are available at SaskPension.com or by calling SPP.

## **Samples of Beneficiary Designations**

## **Notes:**

- Always indicate the full name of the beneficiary.
- Print the beneficiary's name and address to ensure legibility.
- If you name more than one beneficiary, ensure to state if the benefit should be divided equally or specify portions (must total 100%).
- If naming your Estate, ensure to provide a contact person or law firm/executor name and information.
- If one of the beneficiaries predeceases me, their share shall be divided equally amongst the surviving beneficiaries (pro-rated based on their entitlement).
- eneficiary(ies) or

| Samples:                   |  |  |  |  |
|----------------------------|--|--|--|--|
| Where one benefic          | ciary is named:  |  |  |  |
|                            | Mary Jane Smith<br>543 Any Avenue  | 123 445 789  | 12 May 1950<br>Spouse                                |  |
|                            | Any Town, Province X0X 0X0 Other (please specify):   | (306) 333-3333                                     | divided equally or portion: 100%                     |  |
| Where an alterna           | te beneficiary is named:   |  |  |  |
|                            | Mary Jane Smith, if living<br>543 Any Avenue   | 123 445 789  | 12 May 1950<br>Spouse                                |  |
|                            | Any Town, Province X0X 0X0   | (306) 333-3333                                     | divided equally or portion: 100%                     |  |
|                            | Other (please specify): Otherwise to   | Scott John Smith, my son (comp                     | lete Beneficiary 2 section with Scott's information) |  |
| Where more than            | one beneficiary is named select divided  | d equally or specify portions (m                   | ust total 100%):                                     |  |
|                            | Jennifer Jayne Jones<br>111 Any Place  | 789 456 123  | 1 June 1974<br>Daughter                              |  |
|                            | Any Town, Province X0X 0X0   | (306) 333-3333                                     | divided equally or portion: 25%                      |  |
|                            | Mary Jane Smith  | 456 789 123  | 30 Dec 1980  |  |
|                            | 123 Any Place<br>Any Town, Province X0X 0X0  | (306) 333-3333                                     | Daughter  ☐ divided equally or                       |  |
|                            | Ryan Robert Reddling   | 123 456 789  | 30 May 1977  |  |
|                            | 999 Any Street<br>Any Town, Province X0X 0X0   | (306) 333-3333                                     | Son  ☐ divided equally or ☐ portion: 50%             |  |
|                            | Other (please specify):  |  | ,  |  |
| Where a trustee is         | named for a minor child:   |  |  |  |
|                            | Scott John Smith.  | 456 789 123  | 15 Feb 1990  |  |
|                            | 543 Any Crescent<br>Any Town, Province X0X 0X0   | (306) 777-7777                                     | Son  divided equally or portion: 100%                |  |
|                            | Other (please specify): Mary Jane Sr   | ` '  | :  |  |
| *Beneficiary is Scott John | Smith  |  |  |  |
| Where the Estate           | is named:  |  |  |  |
|                            | Estate 123 Any Avenue (contact address) Any Town, Province X0X 0X0 (contact of the contact person of the conta | N/A<br>N/A<br>☐ divided equally or ✓ portion: 100% |  |  |
| CALL TOLL                  | . FREE 1.800.667.7153  |  | LOCAL 1.306.463.5410                                 |  |

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