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www.cssb.mb.ca

## Civil Service Superannuation Fund PENSION BENEFICIARY DESIGNATION FORM

(In the event of death prior to retirement)

## **GENERAL INFORMATION**

A pension beneficiary designation can be made using this form, or in an instrument signed by the participant, or by a Will. A designation in a Will is effective only if it relates expressly to a plan, either generally (for example "all pension plan payments") or specifically. The Board is only obligated to pay a designated beneficiary if it has received actual notice of that designation.

A beneficiary can be a person, a corporation, a charity, a trust, or your estate. One or more beneficiaries can be designated.

Pension benefits will not be paid directly to a minor. If naming a minor as a beneficiary, you may wish to consider establishing a trustee to hold the property of the minor. You should seek legal advice prior to doing so to ensure that the property is held on proper terms of trust for the beneficiary. We recommend that legal advice be obtained in conjunction with any designation intended to create a trust.

## This form can be used by a member who has not yet retired, in respect of preretirement death benefits only.

When a member dies prior to retirement, death benefits would be paid to his or her spouse or recognized common-law partner unless:

- they were living separate and apart due to a breakdown of their relationship, or
- that spouse or common-law partner has waived entitlement to the pension and the waiver has not been revoked.

If there is no eligible spouse or common-law partner, death benefits would be paid to the member's estate unless the member has made a beneficiary designation.

This beneficiary designation will apply to pre-retirement death benefits payable in respect of all accounts under *The Civil Service Superannuation Act* applicable to the member, unless specifically indicated otherwise.

CAUTION: A beneficiary designation is only considered when a member dies prior to retirement and is not survived by an eligible spouse or common-law partner. A beneficiary designation cannot supersede the entitlement of an eligible spouse or common-law partner who has not waived his or her entitlement.

This form cannot be used to make or change a designation for group insurance purposes.

## Civil Service Superannuation Fund PENSION BENEFICIARY DESIGNATION FORM

(In the event of death prior to retirement)

| Member name:   |   |                                |   |  |
|--|---|--------------------------------|---|--|
| Member PIN:  | an  | d/or                           | Employee Number   |  |
| I hereby revoke any previous Civil Service Superannual following beneficiary or be eligible spouse or common entitlement to the Pension  | tion Act following meneficiaries. I under<br>n-law partner at the | y death<br>stand the<br>time o | n ("Pension Benefits<br>hat this designation<br>of my death, unless | s") and designate the will not apply if I have an that person has waived |
| If no percentage is stated below, or the percentages do not add up to 100%, I direct that the Pension Benefits be divided equally among the surviving beneficiaries on my death. If any person identified as a beneficiary predeceases me, I direct that the share of the deceased beneficiary will go in equal portions to the surviving beneficiary(ies) on my death. If none of the person(s) identified below survive me, I direct that the Pension Benefits be paid to my estate. |   |                                |   |  |
| Beneficiary full legal name:   |   |                                |   | SIN:   |
| Birthdate:   | _Relationship to you:   |                                |   | % to beneficiary   |
| Address and phone #:   |   |                                |   |  |
| 2. Beneficiary full legal name:  |   |                                |   |  |
| Birthdate:   | Relationship to you:  |                                |   | % to beneficiary   |
| Address and phone #:   |   |                                |   |  |
| 3. Beneficiary full legal name:  |   |                                |   |  |
| Birthdate:   | Relationship to you:  |                                |   | % to beneficiary   |
| Address and phone #:   |   |                                |   |  |
| 4. Beneficiary full legal name:  |   |                                |   | SIN:   |
| Birthdate:   | Relationship to you:  |                                |   | % to beneficiary   |
| Address and phone #:   |   |                                |   |  |
|  |   |                                |   |  |
| Member signature:  |   |                                | Date:   |  |