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This form is used to identify your pension partner. Your pension partner is **AUTOMATICALLY** the sole beneficiary of your pension death benefits. If you wish to designate a beneficiary or beneficiaries in the event your pension partner dies before you, ceases to be your pension partner, or has signed a *Pension Partner Waiver of Pre-Pension Commencement Death Benefit Form (40)*, complete the *Designation of Beneficiary(ies) Form (2)*. Please complete all relevant information on this form and send it to:

> PSPP, c/o Alberta Pensions Services Corporation (APS), 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9. Fax: 780-421-1652

1. Member Information

This area is for the member to provide personal information. Provide the full name used for banking and income tax purposes.

member first name	member middle name	member last name
member social insurance number		

Definition of a Pension Partner

"Pension Partner" means

- (i) a person who, at the relevant time, was married to a participant or former participant and had not been living separate and apart from him or her for 3 or more consecutive years, or
- (ii) if there is no person to whom subclause (i) applies, a person who, as at and up to the relevant time, had lived with the participant or former participant in a conjugal relationship
 - (A) for a continuous period of at least 3 years, or
 - (B) of some permanence, if there is a child of the relationship by birth or adoption;

Persons are living separate and apart

- (a) if they are living apart and either of them has the intention to live separate and apart from the other, or
- (b) if, before the relevant time,
 - (i) they had been living separate and apart for any period, and

(ii) that period was interrupted or terminated by reason only that either of them became incapable of continuing to live separate and apart or of forming or having the intention to continue to live separate and apart of that person's own volition, and the separation would probably have continued if that person had not become so incapable.

If you are not certain how the definition of pension partner applies to you, please contact the Member Services Centre at 1-877-649-1PSP (1777).

2. According to the definition above, I have a pension partner on the date I am completing this form (please check one):

 \Box YES \rightarrow If your answer is YES, please complete section three (Pension Partner Information).

 \square NO \rightarrow If your answer is NO, you may wish to complete a *Designation of Beneficiary(ies) Form (2)*.

Personal information on this form is collected under the authority of section 9.2 of the Alberta *Public Sector Pension Plans Act* and section 33 of the Alberta *Freedom of Information and Protection of Privacy Act* for the purpose of maintaining an official and current record of your date of birth. If you have any questions regarding the collection of this information, contact the Member Services Centre (MSC) at 1-877-453-1PSP (1777), or write to PSPP, c/o 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.



3. Pension Partner Information

Complete the following if you have a pension partner of if there has been a change to your pension partner's information.

pension partner's first name	pension partner's middle	e name	pension partner's last name	_ 🗆 FEMALE	
pension partner's date of birth (YYYY/MM/DD)	marital status (married/common law)		if married, date of marriage	-	
 Your pension partner's date of Please provide a legible photo one of the following document Birth Certificate Baptismal papers Adoption papers Canadian registration of b Canadian passport Canadian citizenship pap Certificate of Indian Statu Canadian driver's license Alberta identification card 	copy of OR s: birth ers	Please two of t • •	m. provide a legible photocopy of he following documents: Marriage records School records Military records Foreign passport Age of Majority card Statutory declaration Canadian immigration papers		
 If married, please provide a copy of your Marriage Certificate If your pension partner's address is different from yours please provide their address below: 					

pension partner's address

address effective date (YYY/MM/DD)

city, town, village

province

postal code



4. Member Authorization

I understand that if I have a pension partner, he or she is automatically the sole beneficiary of my pension death benefit. I may complete a *Designation of Beneficiary(ies) Form (2)* to name a beneficiary or beneficiaries in the event my pension partner dies before me, ceases to be my pension partner or has signed a *Pension Partner Waiver of Pre-Pension Commencement Death Benefit Form (40)*.

The information on this form is, to the best of my knowledge and belief, complete and accurate.

member's name (please print)

This is an official record that must be signed to be valid. Mailing and fax information is at the top of page 1. Keep a copy of the completed form for your records. If you have questions please contact the Member Services Centre, toll free at 1-877-649-1PSP (1777)

member's signature

date (YYYY/MM/DD)

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