



SUPPLEMENTAL PENSION ARRANGEMENT (SPA) DESIGNATION OF BENEFICIARY

EMPLOYEE NUMBER	DEPARTMENT
SURNAME	GIVEN NAME

FOR DEATH BENEFITS RELATED TO CONTRIBUTIONS MADE TO THE SUPPLEMENTAL PENSION ARRANGEMENT,
I HEREBY DESIGNATE THE FOLLOWING BENEFICIARY(IES):

NAME OF BENEFICIARY(IES)	RELATIONSHIP
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CONTINGENT BENEFICIARY(IES):

In the event that the above names beneficiary(ies) predecease me or whose death occurs simultaneous to mine, I hereby designate the following beneficiary(ies):

NAME OF BENEFICIARY(IES)	RELATIONSHIP
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NOTE: If beneficiary(ies) under age 18 or mentally infirm - please designate trustee.

TRUSTEE DESIGNATION:

NAME OF TRUSTEE	RELATIONSHIP
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is hereby appointed Trustee to receive any payment due on or after my death to any beneficiary designated on this form who is a minor or who is mentally infirm on the date such payment falls due.

EMPLOYEE SIGNATURE

DATE

PROCESSED BY:

Please return form to:
Human Resources, The University of Western Ontario, Room 5100 Support Services Building, London, ON N6A 3K7.