



# CHANGE OF PENSION BENEFICIARY

The University of Western Ontario

Academic Plan

Administrative Plan

EMPLOYEE NUMBER	DEPARTMENT
SURNAME	GIVEN NAME & INITIAL

In the event of your death, the accumulated value of your contributions and those made by the University on your behalf (together with investment income) is payable to your beneficiary. The Ontario Pension Benefits Act provides that for contributions made after January 1, 1987, the beneficiary of a member who dies after completing two years of the Plan membership will be the member's spouse unless the member and spouse have filed the authorized form waiving this benefit.

For this purpose, a spouse shall mean a person to whom the member is

- (a) married, **or**
- (b) not married but the member and that person have been living together in a conjugal relationship,
  - (i) continuously for a period of not less than three years, **or**
  - (ii) in a relationship of some permanence, if they are the natural or adoptive parents of a child, both as defined in the Family Law Act, R.S.O. 1990.

This rule does not apply to an employee who does not have a spouse on the date of death and it does not apply to an employee who is living separate and apart from his or her spouse on that date.

I HAVE A SPOUSE AS DEFINED ABOVE       YES       NO

I hereby revoke any previous designation of beneficiary with respect to benefits payable under the Plan upon my death and for all purposes of the Pension Plan do hereby designate my spouse, \_\_\_\_\_ as beneficiary.

I do not have a spouse as defined above or I am living separate and apart from my spouse. For all purposes of the Pension Plan, I do hereby designate the following beneficiary/ies:

_____	_____
_____	_____
_____	_____
Name(s) of Beneficiary/ies	Relationship

For death benefits related to contributions made to the Plan **prior to December 31, 1986**, I hereby designate the following beneficiary/ies for that portion of the Pension Plan (complete only if different from above designation):

_____	_____
_____	_____
_____	_____
Name(s) of Beneficiary/ies	Relationship

NOTE: If beneficiary(ies) under age 18 or mentally infirm - please designate TRUSTEE on the reverse of form.  
**CONTINGENT BENEFICIARIES** (individuals named, should the designated beneficiary(ies) predecease the member) may be designated on the reverse of form.

SIGNATURE	YEAR / MONTH / DAY
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**OFFICE USE ONLY** FOR DEPARTMENT OF PENSIONS & BENEFITS USE ONLY :

Benefits Administration Action: Family Status Change

RF ER#:  Path: Go/Compensate Employees/Administer Automated Benefits/Use/BAS Activity

<b>BAS ACTIVITY</b>	<input type="checkbox"/> PART-TIME PLAN	<input type="checkbox"/> TERMINATED
FLAGGED: <input type="checkbox"/> _____ DATE: _____	ENTERED: <input type="checkbox"/> _____ DATE: _____	<input type="checkbox"/> RETIRED
INITIALS: _____	INITIALS: _____	
ENTERED: <input type="checkbox"/> _____ DATE: _____	VERIFIED: <input type="checkbox"/> _____ DATE: _____	
INITIALS: _____	INITIALS: _____	
VERIFIED: <input type="checkbox"/> _____ DATE: _____		
INITIALS: _____		

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

_____	_____
_____	_____
_____	_____
Name(s) of Beneficiary/ies	Relationship

**NOTE: If beneficiary(ies) under age 18 or mentally infirm - please designate trustee.**

**TRUSTEE DESIGNATION:**

_____	_____
Name	Relationship

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.

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**SPECIAL INSTRUCTIONS**

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Please send completed form to:  
Western University  
Human Resource Services  
5100 Support Services Building  
London, ON N6A 3K7