

# Spouse and Beneficiary Designation

THE MEMBER MUST USE THIS FORM TO SPECIFY:

- |   |  |
|---|--|
| <input type="checkbox"/> MARITAL STATUS           | <input type="checkbox"/> BENEFICIARY     |
| <input type="checkbox"/> IDENTIFICATION OF SPOUSE | <input type="checkbox"/> SPOUSE'S WAIVER |

## A Identification of member

Name of member		First name of member	
- -	yyyy / mm / dd	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> French <input type="checkbox"/> English
Social Insurance Number	Date of birth	Gender	Language of correspondence
Member's address (number, street, apartment, P.O. Box)			
City	Province	Postal code	
- -		@	
Telephone number	E-mail (optional)		

## B Marital status

ON THE DATE OF SIGNATURE OF THIS FORM:

### 1. Were you married?

If you were **legally** separated, you are still married

#### 1.1. Are you **legally** separated?

### 2. Had you entered into a civil union with another person?

### 3. Had you been living with a COMMON-LAW SPOUSE for at least 3 years, or for at least one year if you and your common-law spouse are the parents of the same child?

- Yes, please go to **1.1.**       No, please go to **Question 2**

- Yes,  
If you would still like to have this individual considered as your spouse for the purposes of the Plan, please provide his or her name in **Section C**, or else go to **Section E**
- No, please identify your spouse in **Section C**

- Yes, please identify your spouse in **Section C**       No, please go to **Question 3**

- Yes, please identify your spouse in **Section C**       No, please go to **Section E**

## C Identification of spouse, if applicable

Name of spouse		First name of spouse	
yyyy / mm / dd	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> French <input type="checkbox"/> English	
Date of birth	Gender	Language of correspondence	

PLEASE SEE NEXT PAGE FOR SECTIONS D, E AND F

## D Spouse's Waiver

### 1 BENEFIT PAYABLE TO THE SURVIVING SPOUSE OF A MEMBER WHO DIES BEFORE RETIREMENT

I have been informed that should my spouse identified in Section A, die before retirement, I, as his or her spouse, will be entitled to a benefit equal to the value of the entitlements that he or she had accumulated under the Plan. **I hereby waive my right**, as his or her spouse, to receive the benefit payable under the Plan should my spouse die before retirement, and I understand that no death benefit will be paid to me, unless I am the beneficiary designated in Section E. I acknowledge having received all the information that I required to make a well-informed decision.

I understand that I may revoke this waiver provided that the **Plan administrator** is notified of this revocation in writing **before my spouse's death**.

\_\_\_\_\_ yyyy / mm / dd

Signature of spouse

Date

### 2 BENEFIT PAYABLE TO THE SURVIVING SPOUSE OF A MEMBER WHO DIES AFTER RETIREMENT

I have been informed that should my spouse, identified in Section A, die after retirement, I will be entitled to a lifetime pension equal to 60% of the pension paid to my spouse before his or her death. Accordingly, the amount of my spouse's pension will be reduced to take into account the value of this death benefit.

To avoid such a reduction, **I hereby waive my entitlement** to a survivor's pension and understand that **no death benefit will be paid to me under the Plan**. I acknowledge having received all the information that I required to make a well-informed decision. I understand that I may revoke this waiver provided that the Plan administrator is notified of this revocation in writing **before the payment of my spouse's pension has begun, and that once the payment of the pension has begun, this waiver will be irrevocable**.

\_\_\_\_\_ yyyy / mm / dd

Signature of spouse

Date

## E Identification of beneficiary for the benefit payable SHOULD THE MEMBER DIE BEFORE RETIREMENT

When a member dies before retirement, the law provides that only the spouse may be entitled to receive a death benefit, unless the spouse has waived such right as described in Section D1. In other cases, the benefit is payable to the beneficiary designated by the member or, if no beneficiary is designated, to his or her estate.

If you wish to designate a beneficiary for the benefit payable under the Plan in the event of your death before retirement and that one of the following situations applies to you, please fill out Section E of this form:

- You have not identified a spouse in Section C.
- The spouse you have identified in Section C has filled out Section D1 in order to waive his or her right to the death benefit. If you die without having filled out this section, the death benefit will be payable to your spouse or, if you do not have a spouse, to your estate.

**The beneficiary designation may be made "revocable" or "irrevocable" by ticking the appropriate box. If you make the designation "irrevocable", you will need the beneficiary's written consent to designate someone else. Completing this section will automatically revoke any prior beneficiary designation.**

If you designate more than one beneficiary, please ensure that the sum of all the percentages is equal to 100%.

1	_____ <u>yyyy / mm / dd</u>			<input type="checkbox"/> Revocable	
	Name of beneficiary	First name of beneficiary	Date of birth	<input type="checkbox"/> Irrevocable	
_____					
2	_____ <u>yyyy / mm / dd</u>			<input type="checkbox"/> Revocable	
	Name of beneficiary	First name of beneficiary	Date of birth	<input type="checkbox"/> Irrevocable	
_____					
3	_____ <u>yyyy / mm / dd</u>			<input type="checkbox"/> Revocable	
	Name of beneficiary	First name of beneficiary	Date of birth	<input type="checkbox"/> Irrevocable	

## F Declaration of member

I hereby certify that the above information is correct. I understand that a false or incorrect declaration may result in a major prejudice to the pension fund and that I or my successors may be prosecuted, should I make such a false or incorrect declaration.

\_\_\_\_\_ yyyy / mm / dd

Signature of member

Date

PLEASE RETURN THIS FORM TO

RRTAP  
PO Box 2220, Stn Don Mills  
Toronto (Ontario)  
M3C 0M7

QUESTIONS?

**Client Contact Centre:**

Telephone: **1-866-874-4069** toll-free

Fax: **514-845-0678**

E-mail: **rrtap@aon.ca**