



Pension Partner And Beneficiary Designation

Calgary Firefighters

Supplementary Pension Plan

Name of Member: _____

Employee ID: _____

☐ **Initial Designation**

☐ **Revised Designation**

In accordance with pension benefits legislation and the terms of the plan, your Pension Partner* may be entitled to certain benefits following your death, regardless of any other beneficiary you have named unless your Pension Partner waives their right. To waive their right to death benefits, your Pension Partner must complete a *Pension Partner Waiver of Pre-Pension Commencement Death Benefits* form. **Benefits not payable to your Pension Partner will be paid to your beneficiary.**

Designation Of Pension Partner

☐ I have a Pension Partner*, as defined by the applicable legislation.

Pension Partner's Name _____

Last
First

Pension Partner's Date of Birth _____

Day/Month/Year

Pension Partner's Gender: Male ☐ Female ☐

☐ I do not have a Pension Partner*, as defined by the applicable legislation.

* Definition of Pension Partner (same as in LAPP)

Your Pension Partner is the person who, at the date a determination of spousal status is required, is:

- 1) someone to whom you are married and from whom you have not been living separate and apart for three or more consecutive years; or
- 2) if no such person exists, someone with whom you have been living in a common-law type relationship:
 - a) for a continuous period of no less than three years, or
 - b) of some permanence, if there is a child of the relationship by birth or adoption.

For the purposes of this definition, 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.

Designation Of Beneficiary

I revoke any previous beneficiary designation. I appoint the following beneficiary to receive any amounts payable from the plan, in the event of my death:

Name(s)	Relationship(s)	Share of Proceeds**
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%
		100%

****Unless specified otherwise, proceeds will be divided equally among all beneficiaries.**

I reserve the right to revoke the designation of my beneficiary, including the designation of my Pension Partner as beneficiary. I acknowledge that all designations remain in effect until they are revoked in writing and received by my employer.

Signature of Member

Signature of Witness

Date Day/Month/Year

Name of Witness (Please Print)

NOTE:

1. The existence of a prior legal agreement may modify spousal rights under provincial or federal pension benefits legislation.
2. If you have any questions or concerns, please confer with your pension administrator for assistance in completing this form.

Revised June 2009