



# DESIGNATION OF BENEFICIARY FORM

Please print clearly in pen. Don't forget to sign and date the form on page 2.  
You must also have it signed by a witness on the same date.

Return the original to the address shown below.



InBenefits | 310-105 Commerce Valley Drive West, Markham, ON L3T 7W3  
Phone: 905-889-6200 (Option 1) | Toll-free: 1-800-287-4816 | [www.mspp.ca](http://www.mspp.ca)



You can add or change your beneficiary information using the My InSite member portal. **Click on Member Sign In at [mspp.ca](http://mspp.ca)**

## YOUR INFORMATION

Last Name		First Name, Initial(s)		Member ID Number
Box No. / Apt. No.	Address			
City		Province	Postal Code	
Date of Birth	MM / DD / YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Check one:</b> <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
		<input type="checkbox"/> Other _____	<input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced	
Phone Number		Cell Phone Number		
Email Address				

*If you die before you retire, the Pension Plan will pay a death benefit to your beneficiary or beneficiaries.*

## YOUR BENEFICIARY

### Spouse

Under Ontario pension law, your spouse is automatically your beneficiary unless he or she gives up the right to your death benefit before you die. Your spouse is the person of either sex who at the time of your death:

- is married to you and living together, or
- has been living with you common law for at least 3 years (or of some permanence if you have children)

Please contact InBenefits if you live in another province or if you work for a federally regulated employer.

To give up your death benefit, your spouse must sign an official waiver form and submit it to InBenefits (the Fund Office) before your death. You can then name someone else as your beneficiary (see next section).

Last Name of Spouse		First Name, Initial(s) of Spouse		
Date of Birth	MM / DD / YYYY	If Married — date of marriage	MM / DD / YYYY	
If Not Married — date you started living together				MM / DD / YYYY

# YOUR BENEFICIARY

## Other beneficiary

You may wish to name a beneficiary in addition to your spouse in the event your spouse pre-deceases your retirement. If you do not have a spouse or if your spouse has signed a waiver, you may name anyone you wish as your beneficiary. If you name more than one person, benefits will be divided equally unless you provide other instructions (must total 100%). If you wish to name a child under age 18 as a beneficiary, please appoint a trustee.

### BENEFICIARY #1

Last Name		First Name		Middle Initial(s)
Phone Number	Relationship to Member		<input type="checkbox"/> Beneficiary is under 18	% of Benefit

### BENEFICIARY #2

Last Name		First Name		Middle Initial(s)
Phone Number	Relationship to Member		<input type="checkbox"/> Beneficiary is under 18	% of Benefit

### BENEFICIARY #3

Last Name		First Name		Middle Initial(s)
Phone Number	Relationship to Member		<input type="checkbox"/> Beneficiary is under 18	% of Benefit

### APPOINT A TRUSTEE

I appoint \_\_\_\_\_ as Trustee to administer any benefits due to be paid to my beneficiary(ies) under age 18.

Full Address of Trustee

Phone Number Relationship to Child

# YOUR DECLARATION

I certify that all of the information provided on this form, including information about my named beneficiary(ies), is correct and accurate to the best of my knowledge. I understand that the Pension Plan and its professional advisers and/or other authorized service providers will collect, use and disclose the information I provide in order to determine and administer my benefits (and those of my named beneficiary(ies)) under the Plan as explained in the Plan's Privacy Policy. I consent to the collection, use and disclosure of all information provided on this form for the purposes outlined in the Plan's Privacy Policy.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name (print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Anyone age 18 or over, except your spouse or any beneficiary named on this form.**

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Must be signed on same date as member.**