

# INSTRUCTIONS FOR COMPLETION OF BENEFICIARY CHANGE FORM

## ALBERTA SCHOOL BOARDS ASSOCIATION SUPPLEMENTAL INTEGRATED PENSION PLAN (SiPP) / SUPPLEMENTARY EXECUTIVE RETIREMENT PROGRAM (SERP)

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1. Complete the attached form for any member wishing to add a Pension Partner or change their beneficiary.
2. If the member is requesting to remove a Pension Partner, additional documentation will be required (such as a Separation Agreement, Court Order, or Death Certificate).
3. Send the above information to LifeWorks via email at [asbapension@lifeworks.com](mailto:asbapension@lifeworks.com). Hard copies are not required to be mailed.

If you have any questions about completing the form please contact LifeWorks at [asbapension@lifeworks.com](mailto:asbapension@lifeworks.com) or (604) 499-6205. LifeWorks also provides a toll free line at 1-800-663-0790.

# BENEFICIARY CHANGE FORM

## ALBERTA SCHOOL BOARDS ASSOCIATION SUPPLEMENTAL INTEGRATED PENSION PLAN (SiPP) / SUPPLEMENTARY EXECUTIVE RETIREMENT PROGRAM (SERP)

Member Name: \_\_\_\_\_

School Division: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

### Pension Partner Information (see next page for definition of Pension Partner):

Name:

\_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Gender:  Male  Female

Birth Date:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
Day Month Year

I wish to remove a Pension Partner (A copy of your Separation Agreement, Court Order, or Death Certificate is required.)

### Beneficiary Information:

I hereby designate, subject to any overriding legal Pension Partner's right, the following person(s) as revocable beneficiary(ies) of any monies payable under the SiPP and SERP (if applicable) upon my death.

_____ Full Name	_____ Relationship	_____ % of Entitlement
_____ Full Name	_____ Relationship	_____ % of Entitlement
_____ Full Name	_____ Relationship	_____ % of Entitlement

Unless specified, shares will be divided equally.

The following must be completed if any beneficiary is a minor:

\_\_\_\_\_ my \_\_\_\_\_ if living shall be and is hereby nominated  
Name Relationship  
and appointed trustee to receive and disburse any monies payable hereunder to a child aforesaid during minority and any payment so made to the said trustee shall discharge the Fund Holder to the extent of such payment.

I understand that in the event of my death prior to the commencement of my pension, death benefits will be payable to my Pension Partner. If I do not have a Pension Partner at the date of my death, any death benefits will be payable to my designated beneficiary, or to my estate if I have not named a beneficiary.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

“Pension Partner” means,

- (a) a person who, at the relevant time, is married to the Member and has not been living separate and apart from the Member for three or more consecutive years;
- (b) if there is no person to whom subsection (a) applies, a person who has lived with the Member in a marriage-like relationship
  - (i) for a continuous period of at least three years preceding the date, or
  - (ii) of some permanence, if there is a child of the relationship by birth or adoption; or
- (c) if there is no person to whom subsection (a) or (b) applies, a person who otherwise qualifies as a pension partner under the terms of the LAPP or ATRF as the case may be.

There shall be only one Pension Partner for the purposes of the SiPP and/or SERP. A person’s qualification as a Pension Partner shall be established to the satisfaction of the ASBA SiPP Governance Board.

**The information being collected on this form is in accordance with the Freedom of Information and Personal Privacy Act and will be provided to companies contracted by ASBA to administer the SiPP.**