

**TEAMSTERS' NATIONAL PENSION PLAN**  
**1610 Kebet Way, Port Coquitlam, B.C. V3C 5W9**

**Spouse and Beneficiary Designation - B.C. Pension Plan Registration Number –P086395**

**Name of Employee** ..... **S.I.N.** .....

Last name                      First                      Middle

**Address of Employee** .....

Street Number and Name                      City                      Province                      Postal Code

In accordance with pension benefits legislation and the terms of the Plan, your Spouse\* may be entitled to certain benefits following your death regardless of any other beneficiary you have named. Benefits not payable to your Spouse\* will be paid to your beneficiary.

**DESIGNATION OF SPOUSE (see reverse for definition of spouse)**

€      **I have a Spouse\*** as defined by the applicable legislation.

Spouse's Name.....

Last                      First                      Initial

Spouse's Date of Birth.....      Spouse's Gender.....

DD      MM      YYYY

€      **I do not have a Spouse\*** as defined by the applicable legislation.

**DESIGNATION OF BENEFICIARY (see reverse for beneficiary information)**

Your spouse is automatically designated as your primary beneficiary. If you have no spouse at the earlier of retirement or death, or if your spouse has signed a Spousal Waiver of the Death Benefit, the designation of your secondary beneficiary (listed below) will apply.

I hereby revoke any previous beneficiary designations made by me in respect of any benefits payable upon my death under the provisions of the Teamsters' National Pension Plan. I understand that, if I have a spouse on the date of my death my spouse is deemed to be my beneficiary. If I do not have a spouse on the date of my death, I hereby designate the following beneficiary under the Teamsters' National Pension Plan to receive any benefits Payable in the event of my death.

.....

**Name of Beneficiary** (Please print clearly)      Relationship to you      Beneficiary's date of birth

Contact Information (Telephone Number/Address) .....

**(If you wish to appoint more than one beneficiary, please add below)**

.....

**Name of Beneficiary** (Please print clearly)      Relationship to you      Beneficiary's date of birth

Contact Information (Telephone Number/Address) .....

**If beneficiary (ies) listed above is under age 19 or lacks legal capacity, please appoint a trustee:**

.....

**Name of Trustee** (Please print clearly)      Relationship to you      Trustee's date of birth

Contact Information (Telephone Number/Address) .....

If more than one beneficiary is named, settlement will be made in equal shares to the beneficiary or beneficiaries that survive the member, unless otherwise provided by the Plan's terms or appropriate pension legislation. If no designated beneficiary survives the member, settlement will be made to the estate of the member.

I reserve the right to revoke the designation of my beneficiary, including the designation of my spouse, subject always to the provisions of the law or government regulation governing the designation of beneficiaries. I acknowledge that all designations remain in effect until they are revoked in writing and such revocation is received by the Teamsters' National Pension Plan.

Signature of Member.....      Date.....

Signature of **Witness**.....      Name of **Witness (Please print)**.....

Address of **Witness**.....

**PLEASE NOTE: THIS FORM MUST BE WITNESSED BY A DISINTERESTED PARTY NOT RELATED TO OR RESIDING WITH THE PLAN MEMBER.**

## DEFINITION OF SPOUSE UNDER PENSION BENEFITS LEGISLATION

Members of the Teamsters' National Pension Plan fall under the pension legislation of British Columbia or the Federal Government.

### **In British Columbia,**

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

- (a) is married to you and, if no longer living with you, has not lived separate and apart from you for more than two years in the immediately preceding period; or
- (b) if there is no person described in (a) above:
  - (i) a person of the opposite sex who has lived with you as husband or wife for the immediately preceding two years; or
  - (ii) a person of the same gender who has lived with you in a marriage-like relationship for the immediately preceding two years.

### **Under Federal Legislation,**

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

- (a) if there is no person described in (b) below, is married to you or is party to a void marriage with you; or
- (b) has been cohabiting with you in a conjugal relationship for at least one year.