



UNITED FOOD AND COMMERCIAL WORKERS UNION PENSION PLAN
 Provincial Plan Registration Number: P085453
 www.ufcwpensionplan.com

UFCW UNION PENSION PLAN
 Plan Administrator: **BG BENEFIT ADMINISTRATORS**
 1000-4445 Lougheed Highway Burnaby BC V5C 0E4
 Toll-Free: 1-888-345-8329 Fax: 604-433-8894
 Email: ufcw@bgbenefitsadmin.com

PRE-RETIREMENT DEATH BENEFIT BENEFICIARY DESIGNATION FORM

Complete this form and file it with the Plan Administrator at the above address if you wish to designate or change your pre-retirement death benefit beneficiary.

Please **PRINT** clearly in ink and ensure you and a witness have signed and dated this form.

1. MEMBER INFORMATION			
LAST NAME	FIRST NAME	INITIAL(S)	SOCIAL INSURANCE NUMBER
ADDRESS (street number and name)			APARTMENT OR SUITE
CITY	PROVINCE		POSTAL CODE
TELEPHONE NO.	EMAIL ADDRESS	DATE OF BIRTH (dd-mm-yyyy)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

2. MARITAL STATUS DECLARATION
<p>The person who is your Spouse has important rights under the Pension Plan. If you die before you reach pension commencement date, your Spouse may be entitled to a death benefit.</p> <p>As defined by the Pension Benefits Standards Act (PBSA), BC, spouse means, in relation to the Member, a person who</p> <ul style="list-style-type: none"> (a) was married to the Member, and has not lived separate and apart from the Member for a continuous period longer than 2 years immediately preceding the "relevant time", or (b) was living with the Member in a marriage-like relationship, for a period of at least 2 years immediately preceding the "relevant time". <p>"Relevant time" means the date of the Member's death, if earlier.</p> <p>I hereby certify that I have read the above definitions and that as of the date of this declaration: (CHECK ONE)</p> <p style="text-align: center;"> <input type="checkbox"/> I DO NOT have a spouse <input type="checkbox"/> I DO have a spouse, whose information is as follows: </p>

LAST NAME	FIRST NAME	INITIAL(S)	
DATE OF BIRTH (dd-mm-yyyy)	SOCIAL INSURANCE NUMBER		GENDER <input type="checkbox"/> M <input type="checkbox"/> F

NOTE: You must advise the Plan Office of any changes to your marital status. Note that if you remarry or acquire a new spouse, your former spouse may retain family law based entitlements to a portion of your pension. IF YOUR MARITAL STATUS CHANGES IN THE FUTURE, PLEASE COMPLETE A NEW VERSION OF THIS FORM AND UPDATE YOUR MARITAL STATUS AND FILE IT WITH THE PLAN ADMINISTRATOR.

3. BENEFICIARY DESIGNATION

This designation applies if you die before you withdraw your benefits from the Pension Plan and the death benefit is not payable to a Spouse. If you die before retirement, your Spouse (as defined by the Pension Benefits Standards Act (PBSA), BC in section 2 on the prior page) at the time of your death will be entitled to a death benefit unless he/she has waived the right to a pre-retirement survivor benefit by signing a waiver. **If your spouse is waiving his/her rights, please contact the Plan Administrator for the prescribed form.**

Even if you have a Spouse, complete the designation below to determine who will receive the death benefit if, at the date of your death you no longer have a Spouse or your Spouse has waived his/her entitlement to the death benefit.

If I die before I withdraw any benefits owing to me under the Pension Plan, I designate the following individual(s) as my beneficiary(ies) and hereby revoke any prior designation.

LAST NAME	MIDDLE INITIAL	FIRST NAME	RELATIONSHIP TO YOU	PERCENT
				%
				%
				%
				%

4. CONTINGENT BENEFICIARY (complete this section if you wish to appoint a contingent beneficiary)

A contingent beneficiary(ies) will only become a primary beneficiary if ALL of the primary beneficiary(ies) (identified in section 3) have pre-deceased me. If there is no surviving contingent beneficiary at the time of my death, the benefit shall be paid to my estate. I hereby revoke any prior contingent beneficiary designations.

LAST NAME	MIDDLE INITIAL	FIRST NAME	RELATIONSHIP TO YOU	PERCENT
				%
				%

IMPORTANT NOTES

- ❖ If you have more than one beneficiary, they will receive equal shares unless you specify the percentage for each.
- ❖ If you have more than one beneficiary and at least one but not all of them die before you, the benefit will be divided among the surviving beneficiaries in equal shares unless you tell the Plan to distribute the benefit differently.
- ❖ If beneficiary is a minor, complete section 5.

5. APPOINTMENT OF TRUSTEE FOR A MINOR BENEFICIARY

(complete this section if you wish to appoint a trustee for a minor beneficiary)

Any amount payable to a minor beneficiary (under age 19) during his/her minority will be paid to the following individual, as Trustee for the minor child. If we cannot pay to the Trustee identified or you fail to name a Trustee, the plan will pay the benefits to the Public Guardian and Trustee's Office.

LAST NAME OF TRUSTEE	MIDDLE INITIAL	FIRST NAME OF TRUSTEE	CONTACT INFORMATION

PAYMENT TO THE TRUSTEE SHALL DISCHARGE THE UFCW UNION PENSION PLAN. THE UFCW UNION PENSION PLAN CANNOT BE RESPONSIBLE FOR THE EFFECT OF THE SUFFICIENCY OF APPOINTMENT.

6. SIGNATURE OF MEMBER

- I certify that the information provided on this Form is correct and can be relied upon by the Plan.
- I agree to promptly update the Plan Administrator of any changes to my marital status or the beneficiaries to be designated.
- I agree that I am liable for benefits paid out incorrectly due to the Form including my failure to update my marital status.
- I agree to the collection, use and disclosure of my personal information as is reasonably required to administer my entitlements and obligations under the Plan.
- If I am entitled to receive documents or information from the Plan I consent to receiving electronic copies of those documents.
- I consent to the use of my Social Insurance Number for record keeping and tax reporting purposes.

Signature of Member X	Date (dd-mm-yyyy)
Signature of Witness (cannot be Spouse, Beneficiary or Trustee) X	Name of Witness

PRIVACY STATEMENT: The UFCW Union Pension Plan will collect, maintain and communicate only the personal information (including Social Insurance Number) considered necessary for the effective administration of the Pension Plan. Personal information will be protected pursuant to the relevant privacy legislation. The Plan may use and exchange information with relevant persons or organizations (union, health professionals, financial institutions, insurers, re-insurers, regulators, investigative agencies) in order to manage the Plan and your entitlement to the Benefits under the Plan. Questions related to the Privacy Policy of the Plan should be directed to the Administrator.