

NOMINATION OF BENEFICIARY

(for Limited Member)

Use this form **only** if you are a limited member of the WorkSafeBC Pension Plan and want to nominate new or change existing beneficiary(ies). A former spouse is designated as a limited member as the result of a marital breakdown. The limited member is entitled to a portion of the member's pension benefits.

Do **not** complete this form if you want your estate as your beneficiary, as your estate is automatically your beneficiary. However, if you previously nominated a beneficiary and now want your estate as your beneficiary then complete the estate section on this form. You are responsible for notifying the WorkSafeBC Pension Plan of any change of beneficiary designation.

Instructions/Information

- This *Nomination of Beneficiary (for Limited Member)* is only valid for the WorkSafeBC Pension Plan and will replace and revoke all previous nominations.
- If you are also an active member of the same pension plan or another pension plan administered by the Pension Corporation, and you want to name beneficiary(ies), you need to complete and submit a *Nomination of Beneficiary (Pre-retirement)* (98-104) to the pension plan. This form is available on our website or contact the pension plan.
- Please ensure you complete the beneficiary section B so we can locate your beneficiary(ies) in the event of your death.
- All nominations are subject to separation agreements and entered court orders as they relate to your limited member pension.
- If you make a change on the attached form, initial the change prior to submitting to the WorkSafeBC Pension Plan.
- For information on pre-retirement death benefits and more, visit our website. On the home page, click Your pension, or contact the WorkSafeBC Pension Plan.

Pension provisions in the event of the death of a limited member prior to retirement

Important information about nominating beneficiary(ies):

- **As a limited member of the WorkSafeBC Pension Plan your estate is automatically your beneficiary.** You can nominate one or more person or organization (e.g., societies, charities, trusts, or corporations) as beneficiary(ies) or your current spouse. There is no requirement under the *Pension Benefits Standards Act* to nominate your spouse.
- **Nomination filed, marital status changes:** If you have filed a *Nomination of Beneficiary (for Limited Member)* with the WorkSafeBC Pension Plan, and subsequently marry or establish a marriage-like relationship, your new spouse is **not automatically** your beneficiary of your pension benefits. If you want to nominate your new spouse, you will need to complete a *Nomination of Beneficiary (for Limited Member)* and submit it to the WorkSafeBC Pension Plan.

Contact information

WorkSafeBC Pension Plan
PO Box 9460
Victoria BC V8W 9V8

Location 2995 Jutland Road, Victoria

Web worksafebc.pensionsbc.ca

Toll-free in Canada/U.S. 1 888 440-0111

Fax 250 953-0433

Email worksafebc@pensionsbc.ca

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Workers Compensation Act* and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Privacy Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.

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PENSION PLAN USE ONLY

PERSON ID

(A) LIMITED MEMBER LAST NAME <i>(please print)</i>		FIRST NAME		PERSON ID <i>(if known)</i>	
PERMANENT MAILING ADDRESS <i>(include apartment #, if applicable)</i>			CITY	PROVINCE	POSTAL CODE
EMAIL			WORK PHONE <i>(include 10 digits)</i>	HOME PHONE <i>(include 10 digits)</i>	

(B) I nominate the beneficiary(ies) named below to receive my pension benefit in the event of my death.

BENEFICIARY #1 – Complete this section if you wish to nominate a beneficiary to receive all or a portion of your pension benefits.

- You may nominate one or more person or organization (e.g., societies, charities, trusts, or corporations) as beneficiary(ies).
- **The total percentage of the benefit allocated to your beneficiaries must equal 100%. If there are no percentages indicated, the benefit will be divided equally among all nominated beneficiaries, subject to rounding.**

ENTER SHARE OF BENEFITS %	LAST NAME (OR ORGANIZATION NAME AND BRANCH)		FIRST AND MIDDLE NAME(S)		
RELATIONSHIP TO LIMITED MEMBER	DATE OF BIRTH YYYY – MM – DD	SOCIAL INSURANCE NO. (CRA OR REGISTRATION NO. – <i>if organization</i>)		PHONE <i>(include 10 digits)</i>	
MAILING ADDRESS <i>(include apartment #, if applicable)</i>		CITY	PROVINCE	POSTAL CODE	EMAIL

BENEFICIARY #2 – Complete this section if you wish to nominate another beneficiary to receive all or a portion of your pension benefits.

ENTER SHARE OF BENEFITS %	LAST NAME (OR ORGANIZATION NAME AND BRANCH)		FIRST AND MIDDLE NAME(S)		
RELATIONSHIP TO LIMITED MEMBER	DATE OF BIRTH YYYY – MM – DD	SOCIAL INSURANCE NO. (CRA OR REGISTRATION NO. – <i>if organization</i>)		PHONE <i>(include 10 digits)</i>	
MAILING ADDRESS <i>(include apartment #, if applicable)</i>		CITY	PROVINCE	POSTAL CODE	EMAIL

TO NOMINATE ADDITIONAL BENEFICIARY(IES) AND ALTERNATES

For further information visit our website worksafebc.pensionsbc.ca or contact the pension plan.

I have attached a separate sheet to specify additional beneficiary information.

(NOTE: Must include your printed name and signature dated with the same date written on this form to be valid.)

- **Additional Beneficiary(ies)** – you can nominate multiple beneficiaries. You must include all information as above.
- **Alternate Beneficiary(ies)** – you can nominate multiple alternates. You must include all information as above and ensure that each alternate beneficiary identified is associated with a nominated beneficiary.
- **Trustee Information** – the Public Guardian and Trustee is the default trustee if you nominate a minor under the age of 19. You may designate a different trustee to hold in trust for the minor.

(C) ESTATE BENEFICIARY – Complete the share of benefits per cent box if you wish your estate to receive all or a portion of your pension benefit.

ENTER SHARE OF BENEFITS %

(D) LIMITED MEMBER SIGNATURE – (You must sign and date this form and any additional sheets submitted in order for your nomination to be valid and accepted). I revoke any and all previous nominations I may have made for my WorkSafeBC Pension Plan benefit. I nominate the beneficiary(ies) named on this form (and any beneficiary(ies) named on attached sheets) to receive my WorkSafeBC Pension Plan benefit in the event of my death.

LIMITED MEMBER
SIGNATURE
(must be signed)

DATE SIGNED
YYYY – MM – DD

Disclaimer: The information on this form is based on the pension plan rules, regulations and provincial legislation, which are subject to change. In cases where the information on the attached form is different from what is in the plan rules, regulations and legislation, the latter will apply.