

**NOMINATION OF BENEFICIARY
(Pre-retirement)**

PERSON ID

LOGON TO [My Account](#) SAFELY AND SECURELY TO CHANGE YOUR BENEFICIARY(IES)

- This nomination will replace and revoke all previous nominations. Where you provide spousal information, you are confirming your spouse is your beneficiary and revoking all previous nominations.
- If you are a member of more than one pension plan that the Pension Corporation administers, for each pension plan you **must** complete a separate nomination and, if applicable, *Form 4: Spouse's Waiver of Beneficiary Right to Benefits in a Pension Plan, Locked-In Retirement Account, Life Income Fund or Annuity Before Pension or Annuity Payments Start* (Form 4).
- If you are divorced or separated, all nominations are subject to separation agreements and entered court orders. For more information, visit the plan website.
- You must let us know of any change of beneficiary designation.
- If you are thinking of other beneficiary arrangements, go to our website or contact us for more information.
- If not using My Account to change your beneficiary(ies), complete and return this form to us.
- For more information about nominating beneficiaries, visit the plan website.

WorkSafeBC Pension PlanPO Box 9460
Victoria BC V8W 9V8

Location 2995 Jutland Road, Victoria

Web worksafebc.pensionsbc.caToll-free in Canada/U.S. 1 888 440-0111
Fax 250 953-0433
Email worksafebc@pensionsbc.ca

Complete sections A and B below.

(A) PLAN MEMBER INFORMATIONLAST NAME *(please print)*

FIRST NAME

PERMANENT MAILING ADDRESS
(include apartment #, if applicable)

CITY OR TOWN

PROVINCE

POSTAL CODE

COUNTRY

EMAIL

WORK PHONE
*(include 10 digits)*HOME PHONE
*(include 10 digits)*DATE OF BIRTH
YYYY-MM-DD**(B) SPOUSAL INFORMATION**

- **If you have a spouse at the time of your death, your spouse is automatically your beneficiary unless they waive their rights on Form 4.**
- **Definition of Spouse:** Persons are spouses for the purposes of the *Pension Benefits Standards Act* on any date on which one of the following applies:
 - they
 - are married to each other, and
 - have not been living separate and apart from each other for a continuous period longer than two years;

(b) they have been living with each other in a marriage-like relationship for at least two years immediately preceding the date.

Explanatory Note: Where spouses live apart because of work commitments or illness means, for pension purposes, they are not living separate and apart.

- If your relationship status changes, please notify the WorkSafeBC Pension Plan.

Indicate your status by checking () one of the three boxes below:

I have no spouse: *(separation date, if applicable)* YYYY-MM-DD **OR** *(death date, if applicable)* YYYY-MM-DD **→ Go to section C on page 2**

I am married

I am in a marriage-like relationship (at least two years): *(cohabitation date)* YYYY-MM-DD

SPOUSE LAST NAME

SPOUSE FIRST NAME

SPOUSE DATE OF BIRTH
YYYY-MM-DD**If you have a spouse and wish to nominate other beneficiaries, check () one of the boxes below and continue to page 2:**

- My spouse has waived their rights, a completed *Form 4* is attached or has been filed. I understand that unless my spouse's waiver is filed with the WorkSafeBC Pension Plan, the beneficiary(ies) named on this form will not be valid. **(Ensure Form 4 is attached and completed in full, if it has not previously been submitted.)**
- My spouse is my beneficiary; however, I wish to nominate alternate beneficiary(ies) should I have no spouse at the time of my death.

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.

