



**PENSION SPOUSAL STATUS & BENEFICIARY DESIGNATION FORM**

This Form may be used to declare your spousal status, designate your estate, any person, or people as the beneficiary you have chosen to receive all benefits payable from the Pension Plan should you die prior to retirement. Please note that in accordance with the applicable pension legislation and the terms of the Plan, your spouse if eligible at the time of your death, is entitled to all benefits from the Plan regardless of any beneficiary you have named, if your spouse wishes to waive his/her entitlement under the Pension Plan, please complete the waiver on the reverse side of this document.

**EMPLOYEE INFORMATION** (Please PRINT clearly)

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Employee ID #

**DECLARATION OF SPOUSAL STATUS** (Please PRINT clearly)

I have an eligible spouse as defined by the Pension Plan and applicable legislation. (Please refer to the definition on reverse side of form)

\_\_\_\_\_

Spouse's Last Name

\_\_\_\_\_

Spouse's First Name

\_\_\_\_\_

Spouse's Date of Birth (mm/dd/yy)

I do not have an eligible spouse as defined by the Pension Plan and applicable legislation.

**DESIGNATION OF BENEFICIARY** (Please PRINT clearly)

I revoke all previous beneficiary designations. I have an eligible spouse as indicated above and wish to designate the following beneficiary. ***I understand that this designation is not effective unless my spouse has completed the waiver on the back of this form.***

I revoke all previous beneficiary designations. I wish to designate the following beneficiary(s).

BENEFICIARY NAME(S)

Entitlement  
% Parent Child Other

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Date of Birth (mm/dd/yy)

\_\_\_\_\_

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Date of Birth (mm/dd/yy)

\_\_\_\_\_

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Date of Birth (mm/dd/yy)

\_\_\_\_\_

Estate of Plan Member

I reserve the right to revoke the designation of my beneficiary. I acknowledge that all designations remain in effect until they are revoked in writing by me and received by the Administrators of the McMaster Pension Plans.

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date (mm/dd/yy)

\_\_\_\_\_

Witness Signature (other than Spouse or Beneficiary of the employee)

\_\_\_\_\_

Date (mm/dd/yy)

Please return this form to Human Resources Services Office at: 1280 Main St. W., CSB 202, Hamilton, ON, L8S 4L8

**DEFINITION OF A SPOUSE**

The following is a summary of the definition of a spouse for the purposes of this form.

A "spouse" of a member is defined in the Pension Benefits Act of Ontario and the applicable McMaster Pension Plan text.

Your spouse is a person who at the time of determination of marital status:

- o Is legally married to you and is not living separate and apart from you; or
- o Is not legally married to you but has been living with you
  - in a conjugal relationship continuously for a period of at least one year, or
  - in a relationship of some permanence and if you both are the natural or adoptive parents of a child (as defined under the Family Law Act of Ontario as amended from time to time)

Notwithstanding the above, an employee is considered to have only one spouse at the date any benefit or entitlement is determined

**SPOUSAL WAIVER OF PRE-RETIREMENT DEATH BENEFIT ENTITLEMENT**

I, \_\_\_\_\_ am the eligible spouse within the meaning of the  
(Name of spouse of employee; Last Name, First Name)

Pension Benefits Act, of \_\_\_\_\_  
(Name of employee: Last Name, First Name)

I understand that section 48 of the Pension Benefits Act provides that if my eligible spouse dies, than I am entitled to receive a pre-retirement death benefit of either a lump sum payment or an immediate or deferred life annuity from the Pension Plan at the date of my eligible spouse's death.

I understand that I may waive my right to receive any pre-retirement death benefit by signing this waiver.

I understand that if I sign this waiver, I will not be paid any pre-retirement death benefit provided under the Pension Benefits Act.

Instead payment will be made to either,

- (a) a beneficiary designated by my spouse; or
- (b) the estate of my spouse

I hereby waive my right to receive any pre-retirement death benefit provided by section 48 of the Pension Benefits Act by signing this waiver in the presence of a witness.

I understand that I may cancel this waiver at any time prior to the date of my spouse's death.

Prior to completing this form, it is suggested that each party obtain independent legal advice concerning their individual rights and the effect of this Waiver.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (year)

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Witness Signature (other than employee)

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