



NOMINATION OF BENEFICIARY (Pre-retirement)

PENSION PLAN USE ONLY
PERSON ID
Municipal Pension Plan
PO Box 9460
Victoria BC V8W 9V8
Location 2995 Jutland Road, Victoria
Web mpp.pensionsbc.ca
Victoria 250 953-3000
Toll-free in Canada/U.S. 1 800 668-6335
Fax 250 953-0421
Email MPP@pensionsbc.ca

INFORMATION FOR PLAN MEMBER:

- You can change your beneficiary(ies) by completing and returning this form to the Municipal Pension Plan. For further information see Protecting your Pension Benefit: A Guide for Nominating Beneficiaries before Retiring on our website.
This Nomination of Beneficiary will replace and revoke all previous nominations.
If you are a member of more than one pension plan that the Pension Corporation administers, you must complete a separate Nomination of Beneficiary form for each pension plan and, if applicable, a Form 4: Spouse's Waiver of Beneficiary Right to Benefits in a Pension Plan, Locked-In Retirement Account, Life Income Fund or Annuity Before Payments Start (Form 4) for each pension plan.
If you are divorced or separated, all nominations are subject to separation agreements and entered court orders.
You are responsible for notifying the Municipal Pension Plan of any change of beneficiary designation.

Complete sections A and B below.

(A) PLAN MEMBER INFORMATION

Form fields for Plan Member Information: LAST NAME, FIRST NAME, SOCIAL INSURANCE NO., MAILING ADDRESS, EMAIL, WORK PHONE, HOME PHONE, DATE OF BIRTH.

(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:
(a) they are married to each other, and have not been living separate and apart from each other for a continuous period longer than 2 years;

(b) they have been living with each other in a marriage-like relationship for a period of at least 2 years immediately preceding the date.

Explanatory Note: Circumstances where spouses live apart due to work commitments or as a result of illness means, for pension purposes, that they are not living separate and apart.

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

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

Checkboxes for marital status: I have no spouse, I am married, I am in a marriage-like relationship (at least 2 years). Includes fields for separation date, death date, and cohabitation date.

Form fields for Spouse Information: SPOUSE LAST NAME, SPOUSE FIRST NAME, SPOUSE DATE OF BIRTH, SPOUSE SOCIAL INSURANCE NO.

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 on Form 4 and a completed Form 4 is attached or has been filed.
My spouse is my beneficiary; however, I wish to nominate alternate beneficiary(ies) in the event 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 Public Sector Pension Plans Act...

C BENEFICIARY NOMINATION

- If your spouse waives their rights on *Form 4* or you do not have a spouse at the time of your death, your pension entitlement will be paid to your nominated beneficiary(ies).
- You may nominate one or more person or organization (e.g., societies, charities, trusts, or corporations) beneficiary(ies).
- If you are divorced or separated, all nominations are subject to separation agreements and entered court orders. See the applicable marital breakdown [fact sheet](#) on our website for further details.
- **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.**

BENEFICIARY #1 – Complete this section if you wish to nominate a 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 MEMBER	DATE OF BIRTH YYYY / MM / DD	SOCIAL INSURANCE NO. (CRA OR REGISTRATION NO. – <i>if organization</i>)	PHONE NO. (<i>include 10 digits</i>)
MAILING ADDRESS (<i>street [include Apt No., if applicable], city or town, province or state, postal code and country</i>) <i>ONLY INCLUDE ADDRESS IF DIFFERENT THAN SECTION A</i>		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 MEMBER	DATE OF BIRTH YYYY / MM / DD	SOCIAL INSURANCE NO. (CRA OR REGISTRATION NO. – <i>if organization</i>)	PHONE NO. (<i>include 10 digits</i>)
MAILING ADDRESS (<i>street [include Apt No., if applicable], city or town, province or state, postal code and country</i>) <i>ONLY INCLUDE ADDRESS IF DIFFERENT THAN SECTION A</i>		EMAIL	

TO NOMINATE ADDITIONAL BENEFICIARY(IES) AND ALTERNATES – For more information, read [Protecting your Pension Benefit: A Guide for Nominating Beneficiaries before Retiring](#) on our website

- I have attached a separate sheet to specify additional beneficiary information. The additional sheet 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. You can choose to give a different percentage to different alternate beneficiaries, but the total shares must always equal the same total percentage that has been allocated to their respective beneficiary.
 - **Trustee Information** – the Public Guardian and Trustee of BC 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.

D ESTATE BENEFICIARY – Complete the share of benefits percent if you wish your estate to receive all or a portion of your pension benefit.

ENTER SHARE OF BENEFITS %

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