

This form is used to identify your pension partner. Your pension partner is **AUTOMATICALLY** the sole beneficiary of your pension death benefits. If you wish to designate a beneficiary or beneficiaries in the event your pension partner dies before you, ceases to be your pension partner, or has signed a *Pension Partner Waiver of Pre-Pension Commencement Death Benefit Form (40)*, complete the *Designation of Beneficiary(ies) Form (2)*.

Please complete all relevant information on this form and send it to:

PSPP, c/o Alberta Pensions Services Corporation (APS), 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.
Fax: 780-421-1652

1. Member Information

This area is for the member to provide personal information. Provide the full name used for banking and income tax purposes.

member first name

member middle name

member last name

member social insurance number

DEFINITION OF A PENSION PARTNER

A pension partner is a person who has rights to your pension that are protected by pension plan rules. A pension partner is a person who, at the relevant time, is:

- 1) someone to whom you are married and from whom you have not been living separate and apart for three or more consecutive years; or
- 2) if no such person exists, someone with whom you have been living in a common-law type relationship:
 - a) for a continuous period of no less than three years, or
 - b) of some permanence, if there is a child of the relationship by birth or adoption.

For the purposes of this definition, persons are living separate and apart

- (a) if they are living apart and either of them has the intention to live separate and apart from the other, or
- (b) if, before the relevant time,
 - (i) they had been living separate and apart for any period, and
 - (ii) that period was interrupted or terminated by reason only that either of them became incapable of continuing to live separate and apart or of forming or having the intention to continue to live separate and apart of that person's own volition, and the separation would probably have continued if that person had not become so incapable.

If you are not certain how this applies to you, please contact the Member Services Centre at 1-877-453-1PSP (1777).

2. According to the definition above, I have a pension partner on the date I am completing this form (please check one):

- YES → If your answer is YES, please complete section three (pension partner information).
- NO → If your answer is NO, you may wish to complete a *Designation of Beneficiary(ies) Form (2)*.

(continued on the next page)

3. Pension Partner Information

Complete the following if you have a pension partner or if there has been a change to your pension partner's information.

pension partner's first name	pension partner's middle name	pension partner's last name												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>													marital status (married/common law)	date of union / cohabitation
		Please check one: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE												

If married, please provide copy of Marriage Certificate

My pension partner's address is the same as mine (please check one).

- YES** → If your answer is YES, please skip to the next section (member authorization).
- NO** → If your answer is NO, please fill out your pension partner's address information in the space below.

pension partner's address	address effective date (YYYY/MM/DD)						
city, town, village	<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>						
province	postal code						

4. Member Authorization

I understand that if I have a pension partner, he or she is automatically the sole beneficiary of my pension death benefit. I may complete a *Designation of Beneficiary(ies) Form (2)* to name a beneficiary or beneficiaries in the event my pension partner dies before me, ceases to be my pension partner or has signed a *Pension Partner Waiver of Pre-Pension Commencement Death Benefit Form (40)*.

The information on this form is, to the best of my knowledge and belief, complete and accurate.

member's name (please print)	<p>This is an official record that must be signed and dated to be valid. Keep a copy of the completed form and mail the original to:</p> <p>PSPP c/o APS 5103 Windermere Blvd. SW Edmonton, AB T6W 0S9 Fax: 780-421-1652</p>
member's signature	date (YYYY/MM/DD)

Alberta Pensions Services Corporation (APS) proudly serves PSPP and provides responsive and focused member service on behalf of the Plan. If you have questions, please contact PSPP's Member Services Centre at 1-877-453-1PSP (1777).