

CHANGE OF BENEFICIARY

(FOR RETIRED MEMBER)

PERSON ID

INSTRUCTIONS FOR RETIRED MEMBER:

- If you are receiving a pension **guaranteed** 5, 10 or 15 years, and if you are changing your beneficiary(ies) or alternates during the guaranteed period, complete this form.
- If you selected a single life pension and had a spouse at retirement who did not waive their rights to be the beneficiary, you cannot change your beneficiary unless your spouse completes a new form to waive their beneficiary rights.
- If you are receiving a joint life pension, with a guarantee, you may designate alternate beneficiary(ies) in the event your spouse predeceases you during the guaranteed period.
- For more information about nominating beneficiaries, visit the plan website. If you have any questions or are contemplating other beneficiary arrangements, contact the WorkSafeBC Pension Plan.

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. 1-866-322-9277
Fax 250-953-0431

Complete sections A, B, and D. Complete Section C if required.

A RETIRED MEMBER INFORMATION

MEMBER LAST NAME		FIRST AND MIDDLE NAME(S)		PERSON ID (if known)
MEMBER PERMANENT MAILING ADDRESS (include apartment number, if applicable)			CITY	PROVINCE/STATE
POSTAL CODE	COUNTRY	PHONE NO. (include ten digits)	EMAIL	

B BENEFICIARY NOMINATION

- 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.**
 - Example: if you nominate 3 beneficiaries equally the percentage should show: Beneficiary #1 33.33%, Beneficiary #2 33.33% and Beneficiary #3 33.34%.
- If you are divorced or separated, all nominations are subject to separation agreements and entered court orders. Visit the plan website for more information.
- Please advise our office of any address changes for your beneficiary(ies) as we will use this information to pay out any benefits if applicable.
- If you would like to nominate more than two beneficiaries, attach a separate sheet to specify additional beneficiary information. You must include all information as below. **The additional sheet must include your printed name and signature dated with the same date written on this form to be valid.**

BENEFICIARY #1

Complete this section if you wish to nominate a beneficiary (or an alternate to spouse) to receive all or a portion of your pension benefit.

Check (✓) one: ☐ BENEFICIARY **OR** ☐ ESTATE **OR** ☐ ALTERNATE TO SPOUSE

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	CRA OR REGISTRATION NUMBER (if organization)		PHONE NO. (include 10 digits)

☐ CHECK (✓) IF ADDRESS IS THE SAME AS SECTION A

MAILING ADDRESS (include apartment number, if applicable)		CITY	PROVINCE	POSTAL CODE
EMAIL				

section B <i>continued</i>		BENEFICIARY #1		TRUSTEE – The Public Guardian and Trustee of BC is the default trustee for a person under 19 years of age. Complete this section if you wish to nominate a different trustee to hold your pension benefit in trust for Beneficiary #1.		PERSON ID	
LAST NAME (OR ORGANIZATION NAME AND BRANCH)				FIRST AND MIDDLE NAME(S)			
DATE OF BIRTH YYYY-MM-DD		PHONE NO. (include 10 digits)		EMAIL			
MAILING ADDRESS (include apartment number, if applicable)				CITY		PROVINCE	POSTAL CODE

BENEFICIARY #2		Complete this section if you wish to nominate another beneficiary to receive all or a portion of your pension benefit.					
Check (✓) one:		<input type="checkbox"/> BENEFICIARY		OR		<input type="checkbox"/> ALTERNATE TO SPOUSE	
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		CRA OR REGISTRATION NUMBER (if organization)		PHONE NO. (include 10 digits)	
<input type="checkbox"/> CHECK (✓) IF ADDRESS IS THE SAME AS SECTION A		MAILING ADDRESS (include apartment number, if applicable)			CITY		PROVINCE
							POSTAL CODE
EMAIL							

TRUSTEE – The Public Guardian and Trustee of BC is the default trustee for a person under 19 years of age. Complete this section if you wish to nominate a different trustee to hold your pension benefit in trust for Beneficiary #2.							
LAST NAME (OR ORGANIZATION NAME AND BRANCH)					FIRST AND MIDDLE NAME(S)		
DATE OF BIRTH YYYY-MM-DD		PHONE NO. (include 10 digits)		EMAIL			
MAILING ADDRESS (include apartment number, if applicable)					CITY		PROVINCE
							POSTAL CODE

© TO NOMINATE ALTERNATES

For further information, visit the plan website or contact the WorkSafeBC Pension Plan.

- **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.

ALTERNATE BENEFICIARY FOR BENEFICIARY #							
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		CRA OR REGISTRATION NUMBER (if organization)		PHONE NO. (include 10 digits)	
MAILING ADDRESS (include apartment number, if applicable)					CITY		PROVINCE
							POSTAL CODE
EMAIL							

section C *continued*
ALTERNATE #1

TRUSTEE – The Public Guardian and Trustee of BC is the default trustee for a person under 19 years of age. Complete this section if you wish to nominate a different trustee to hold your pension benefit in trust for Beneficiary #1.

PERSON ID

LAST NAME (OR ORGANIZATION NAME AND BRANCH)

FIRST AND MIDDLE NAME(S)

DATE OF BIRTH
YYYY-MM-DD

PHONE NO. (include 10 digits)

EMAIL

MAILING ADDRESS (include apartment number, if applicable)

CITY

PROVINCE

POSTAL CODE

ALTERNATE BENEFICIARY FOR BENEFICIARY #

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

CRA OR REGISTRATION NUMBER (if organization)

PHONE NO. (include 10 digits)

MAILING ADDRESS (include apartment number, if applicable)

CITY

PROVINCE

POSTAL CODE

EMAIL

TRUSTEE – The Public Guardian and Trustee of BC is the default trustee for a person under 19 years of age. Complete this section if you wish to nominate a different trustee to hold your pension benefit in trust for this alternate.

LAST NAME (OR ORGANIZATION NAME AND BRANCH)

FIRST AND MIDDLE NAME(S)

DATE OF BIRTH
YYYY-MM-DD

PHONE NO. (include 10 digits)

EMAIL

MAILING ADDRESS (include apartment number, if applicable)

CITY

PROVINCE

POSTAL CODE

D RETIRED MEMBER SIGNATURE – (You must sign and date this form and any additional sheets you submit. All sheets that name a beneficiary must be signed on the same date as this form. Your nomination is valid only if it is signed; we will not accept unsigned materials). 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.

RETIRED 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.

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* 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.

Retired Member: Make a copy of this completed form for your records before forwarding to WorkSafeBC Pension Plan