



Pension Partner Information

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Use this form to identify your pension partner who will receive a death benefit if you die while an active or deferred member of the Management Employees Pension Plan (MEPP). 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* waiver, complete the *Designation of Beneficiary(ies)* form. Please complete all relevant information on this form and send it to:

MEPP, 5103 Windermere Blvd. SW
Edmonton, AB T6W 0S9
Fax: 780-421-1652

1. Member Information

member's first name

member's middle name

member's last name

member social insurance number

member social insurance number or member identifier

member identifier

Definition of Pension Partner

"Pension partner" means

- (i) a person who, at the relevant time, was married to a participant or former participant and had not been living separate and apart from him or her for 3 or more consecutive years, or
- (ii) if there is no person to whom subclause (i) applies, a person who, as at and up to the relevant time, had lived with the participant or former participant in a conjugal relationship
 - (A) for a continuous period of at least 3 years, or
 - (B) of some permanence, if there is a child of the relationship by birth or adoption;

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 the definition of pension partner applies to you, please contact the Member Services Centre at 1-877-889-MEPP (6377).

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 3. *Pension Partner Information*.

NO If your answer is NO, please do not proceed with completing the form. You may wish to complete a *Designation of Beneficiary(ies)* form.

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Pension Partner Information

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3. Pension Partner Information

| | | | |
|--|-------------------------------------|---|--------|
| _____ | _____ | _____ | |
| pension partner's first name | pension partner's middle name | pension partner's last name | Female |
| _____ | _____ | _____ | Male |
| pension partner's date of birth (YYYY/MM/DD) | marital status (married/common law) | if married, date of marriage (YYYY/MM/DD) | |

Your pension partner's age needs to be verified. Please provide an exact copy of one of the following as acceptable proof of your pension partner's date of birth:

- Passport (current or expired)
- Birth Certificate (if last name is the same)
- Birth Certificate and Marriage Certificate (if last name is different or has changed)
- Canadian Citizenship document
- Driver's License

If your pension partner's address is different from yours please provide their address below:

| | |
|---------------------------|-------------------------------------|
| _____ | _____ |
| pension partner's address | address effective date (YYYY/MM/DD) |
| _____ | _____ |
| city, town, village, etc. | 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 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* waiver.

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

member's name (please print)

member's signature

date (YYYY/MM/DD)

This is an official record that must be signed to be valid. Mailing and fax information is at the top of page 1. Keep a copy of the completed form for your records. If you have questions please contact the Member Services Centre, toll free at 1-877-889-MEPP (6377).