

# Shared Risk Plan for Academic Employees Of the University of New Brunswick

## BENEFICIARY DESIGNATION FORM

EMPLOYEE INFORMATION	
NAME	SOCIAL INSURANCE NUMBER - -

BENEFICIARY DESIGNATION <small>(If more space is required for additional beneficiaries please use the Comments section below.)</small>		
<p><i>I hereby appoint the following beneficiary for any amount payable after my death in accordance with the terms of the Plan and I reserve the right to change my appointment of beneficiary so far as it is legally permissible to do so. It should be noted that if you designate "Estate", "Will" or a non-person as your beneficiary then any death benefits payable may be subject to estate taxes, claims by creditors and/or fees. It is recommended you choose a person as your beneficiary.</i></p> <p><i>(Please note that if you have a legal or common-law spouse, a "Spouse", as defined in the Plan text, your Spouse will be your beneficiary regardless of who you have designated as a beneficiary. If you are not formally divorced from a previous Spouse and have not finalized a division of property, he or she may be recognized as your beneficiary under the Plan, even if you are legally separated or no longer living together. The definition of Spouse, as defined in the Plan text, can be found on the reverse.)</i></p>		
NAME	SOCIAL INSURANCE NUMBER - -	
DATE OF BIRTH  ____ / ____ / ____ <small>Year    Month    Day</small>	GENDER  <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP

COMMENTS

AUTHORIZATION	
<p><i>I understand that this information is collected for the purposes of administering the above-named pension plan. By participating in the Plan, I consent to the collection and use of this information by my employer and its representatives and/or service providers in connection with the administration of the Plan.</i></p>	
SIGNATURE OF PLAN MEMBER	DATE  ____ / ____ / ____ <small>Year    Month    Day</small>
SIGNATURE OF UNIVERSITY OFFICIAL	DATE  ____ / ____ / ____ <small>Year    Month    Day</small>

RESERVED FOR TELUS HEALTH	
THE ABOVE INFORMATION WAS ENTERED IN THE PLAN'S ADMINISTRATION DATA FILES AS REQUESTED BY :	DATE  ____ / ____ / ____ <small>Year    Month    Day</small>

## Definition of Spouse

1.57 "Spouse" of a Member on any date means a person, of the opposite or the same sex of the Member, who:

(a) is married to the Member,

(b) is married to the Member by a marriage that is voidable and has not been voided by a declaration of nullity,

(c) has gone through a form of marriage with the Member in good faith that is void and has cohabited with the Member within the preceding year, or

(d) is not married to the Member, but has cohabited with the Member for a continuous period of not less than two years in a conjugal relationship.

If, at the relevant time, one person qualifies under (a), (b) or (c) above with respect to the Member and another person qualifies under (d) above with respect to the Member, the person who qualifies under (a), (b) or (c) is entitled to benefits under the Plan, provided she is otherwise eligible, unless there is a valid domestic contract between the Member and such person or a decree, order or judgment of a competent tribunal that bars that person's claim.

Please return completed documents to:

**Mary Lou Doucette**

**Manager, Pensions and Benefits**

**People & Culture**

**University of New Brunswick**

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**Fredericton, New Brunswick E3B**

**5A3**

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