

# Designation or Change of Beneficiary

Please indicate which plan applies:

- Shared Risk Plan for Certain Bargaining Employees of New Brunswick Hospitals (CBE SRP)
- Shared Risk Plan for CUPE Employees of New Brunswick Hospitals (CUPE-H SRP)

## Employer Information (Mandatory)

EMPLOYER: \_\_\_\_\_

## Employee Information (Mandatory)

NAME: \_\_\_\_\_ SIN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Preferred Telephone Number: \_\_\_\_\_

In accordance with the terms and conditions of the pension plan mentioned above, I revoke all previous designations of beneficiaries made by me and I hereby appoint the individual(s) named in the Beneficiary Information section below as beneficiary (beneficiaries) entitled to receive the proceeds arising under the said Plan by reason of my death when they become due.

**Note:** If you have a spouse or common-law partner as defined in the *Pension Benefits Act* who is entitled to one of the death benefits listed below, the entitlement of your spouse or common-law partner will supersede the entitlement of your beneficiary to a death benefit, except where your spouse or common-law partner has waived their rights to that benefit by completing the applicable waiver:

For **Pre-Retirement Death Benefits**: a "Pre-Retirement Death Benefit Waiver" form (Form 9 provided by the Superintendent of Pensions). If this waiver is completed, it must be delivered to Vestcor prior to your death.

For **Post-Retirement Death Benefits**: a "Joint and Survivor Pension Waiver" form (Form 5 provided by the Superintendent of Pensions). If this waiver is completed, it must be delivered to Vestcor within the 12 month period prior to commencing your pension. A beneficiary designation is only possible if the form of pension under the Plan permits it.

For additional information regarding these waivers and when they are necessary, please contact Vestcor or visit Vestcor's website (see the contact information at the bottom of page 2).

## Beneficiary Information (Mandatory)

**Percentages must total 100% to be valid.** For example, if you include three beneficiaries and wish to provide them with equal shares, two must receive 33.33% and one 33.34%, to ensure the total is 100%.

If any beneficiary named above dies before me, the interest of such beneficiary (if any) shall, unless otherwise provided above, accrue to the surviving beneficiaries equally or, if none, to my estate.

I reserve the right to revoke the appointment of any beneficiary designated by me hereunder at any time.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_ %

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_ %

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_ %

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_ %

## Trustee for Minor Beneficiary (Optional)

In most cases the Plan (CUPE-H SRP and/or CBE SRP) cannot make a payment directly to someone who is a minor (i.e., a person under the age of majority in that province/territory). If you are naming a minor as a beneficiary, you may name a trustee to hold the funds in trust until that beneficiary reaches the age of majority. The person named as trustee must be at least 19 years of age and otherwise eligible to be a trustee. The trust and designation of the trustee are also subject to any applicable laws in effect at the relevant times. Payment to the trustee will discharge the Plan (CUPE-H SRP and/or CBE SRP) and Vestcor to the extent of such payment.

If a trustee has not been designated, or if the trustee designation is invalid or inapplicable, any benefit payable to a minor will be paid to the minor's property guardian or the appropriate public authority (as applicable).

I hereby appoint the individual named below as trustee to receive and hold in trust any benefit payable to a beneficiary who is a minor at the time of the payment:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Authorization (Mandatory)

Signature of Plan Member: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Member's Address: \_\_\_\_\_

Signature of Witness\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Witness must have attained full age of majority and must not be a beneficiary.

Please return completed form as soon as possible to:

Vestcor  
P.O. Box 6000  
Fredericton, NB E3B 5H1

Email: [info@vestcor.org](mailto:info@vestcor.org)  
Fax: 506-457-7388

Telephone: 506-453-2296  
Toll Free: 1-800-561-4012  
Website: [vestcor.org/pensions](http://vestcor.org/pensions)