

# NOMINATION OF BENEFICIARY

## (for Limited Member)

Use this form only if you are a limited member of the WorkSafeBC Pension Plan and want to nominate new or change existing beneficiary(ies). A former spouse is designated as a limited member as the result of a marital breakdown. The limited member is entitled to a portion of the member's pension benefits.

Do **not** complete this form if you want your estate as your beneficiary, as your estate is automatically your beneficiary. However, if you previously nominated a beneficiary and now want your estate as your beneficiary then complete the estate section on this form. You are responsible for notifying the WorkSafeBC Pension Plan of any change of beneficiary designation.

### Instructions/Information

- This *Nomination of Beneficiary (for Limited Member)* is only valid for the WorkSafeBC Pension Plan and will replace and revoke all previous nominations.
- If you are also an active member of the same pension plan or another pension plan administered by the Pension Corporation, you can name beneficiary(ies) online by signing into My Account. For more information about naming beneficiary(ies), visit the plan website. On the homepage click Your pension > Beneficiaries.
- Please ensure you complete the beneficiary section B so we can locate your beneficiary(ies) in the event of your death.
- All nominations are subject to separation agreements and entered court orders as they relate to your limited member pension.
- If you make a change on the attached form, initial the change prior to submitting to the WorkSafeBC Pension Plan.
- For information on pre-retirement death benefits and more, visit our website. On the homepage, click Your pension, or contact the WorkSafeBC Pension Plan.

### Pension provisions in the event of the death of a limited member prior to retirement

#### Important information about nominating beneficiary(ies):

- **As a limited member of the WorkSafeBC Pension Plan your estate is automatically your beneficiary.** You can nominate one or more person or organization (e.g., societies, charities, trusts, or corporations) as beneficiary(ies) or your current spouse. There is no requirement under the *Pension Benefits Standards Act* to nominate your spouse.
- **Nomination filed, marital status changes:** If you have filed a *Nomination of Beneficiary (for Limited Member)* with the College Pension Plan, and subsequently marry or establish a marriage-like relationship, your new spouse is **not automatically** your beneficiary of your pension benefits. If you want to nominate your new spouse, you will need to complete a *Nomination of Beneficiary (for Limited Member)* and submit it to the College Pension Plan.

### Contact information

#### WorkSafeBC Pension Plan

PO Box 9460

Victoria BC V8W 9V8

Web [worksafe.pensionsbc.ca](http://worksafe.pensionsbc.ca)

Phone 1-888-440-0111 Toll-free (Canada/U.S.)

*Freedom of Information and Protection of Privacy Act*—The personal information on this form is collected under the authority of the *Workers Compensation Act* and will be used by the BC 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 PO Box 9460, Victoria BC V8W 9V8 or by telephone at 250-387-1002.

**NOMINATION OF BENEFICIARY**  
(for Limited Member)

PERSON ID

<b>(A)</b> LIMITED MEMBER LAST NAME	FIRST NAME	PERSON ID (if known)	
ADDRESS (include unit number, if applicable)	CITY	PROVINCE	POSTAL CODE
EMAIL	WORK PHONE (include 10 digits)	HOME PHONE (include 10 digits)	

**(B)** I nominate the beneficiary(ies) named below to receive my pension benefit in the event of my death.

**Beneficiary #1** – Complete this section if you wish to nominate a beneficiary to receive all or a portion of your pension benefits.

- You may nominate one or more person or organization (e.g., societies, charities, trusts, or corporations) as beneficiary(ies).
- 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.**

ENTER SHARE OF BENEFITS %	LAST NAME (OR ORGANIZATION NAME AND BRANCH)	FIRST AND MIDDLE NAME(S)	
RELATIONSHIP TO LIMITED MEMBER	DATE OF BIRTH YYYY-MM-DD	CRA OR REGISTRATION NUMBER (if organization)	
PHONE (include 10 digits)			
ADDRESS (include unit number, if applicable)	CITY	PROVINCE	POSTAL CODE
EMAIL			

**Beneficiary #2** – Complete this section if you wish to nominate another beneficiary to receive all or a portion of your pension benefits.

ENTER SHARE OF BENEFITS %	LAST NAME (OR ORGANIZATION NAME AND BRANCH)	FIRST AND MIDDLE NAME(S)	
RELATIONSHIP TO LIMITED MEMBER	DATE OF BIRTH YYYY-MM-DD	CRA OR REGISTRATION NUMBER (if organization)	
PHONE (include 10 digits)			
ADDRESS (include unit number, if applicable)	CITY	PROVINCE	POSTAL CODE
EMAIL			

**To nominate additional beneficiary(ies) and alternates**For further information visit our website [worksafebc.pensionsbc.ca](http://worksafebc.pensionsbc.ca) or contact the pension plan. **I have attached a separate sheet to specify additional beneficiary information.**

(NOTE: Must include your printed name and signature dated with the same date written on this form to be valid.)

- Additional Beneficiary(ies)** – you can nominate multiple beneficiaries. You must include all information as above.
- 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.
- Trustee Information** – the Public Guardian and Trustee is the default trustee if you nominate a minor under the age of 19. You may designate a different trustee to hold in trust for the minor.

**(C) Estate beneficiary** – Complete the share of benefits per cent box if you wish your estate to receive all or a portion of your pension benefit.

ENTER SHARE OF BENEFITS %
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**(D) Limited Member Signature** – (You must sign and date this form and any additional sheets submitted in order for your nomination to be valid and accepted). 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.

LIMITED MEMBER SIGNATURE (must be signed)	DATE SIGNED YYYY-MM-DD
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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.