

# DESIGNATION OF BENEFICIARY FORM

Please note that the information provided on this form will revoke all of the previous information on record. Please print clearly in pen. Don't forget to sign and date the form at the bottom. You must also have it signed by a witness on the same date.

Return the original to the address shown below.

You can add or change your beneficiary information using the My InSite member portal instead of this form. Click on Member Sign In on [nhripp.ca](http://nhripp.ca)

## YOUR INFORMATION

Last Name		First Name, Initial(s)			Member ID Number
Box No. / Apt. No.	Address		City	Province	Postal Code
Date of Birth / /	YYYY / MM / DD	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Check one: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Primary Phone Number		Secondary Phone Number		Email Address	

Death benefits may be payable from the Plan if you die. Please read the back of this form for further explanations before completing the rest of this form.

## YOUR BENEFICIARIES

### SPOUSE (See the definition of spouse on the back of this form before completing this section.)

Last Name of Spouse		First Name, Initial(s) of Spouse			
Date of Birth / /	YYYY / MM / DD	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Marriage or Start Date of Common-Law / /		Phone Number

### DESIGNATED BENEFICIARIES (See the explanation of designated beneficiary on the back of this form before completing this section.)

#### BENEFICIARY #1

Last Name		First Name, Initial(s)		Relationship to Member	Date of Birth / /	YYYY / MM / DD
<input type="checkbox"/> Same address as yours	Full Address (if different than yours)			Phone Number	Beneficiary Status <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Split %

#### BENEFICIARY #2

Last Name		First Name, Initial(s)		Relationship to Member	Date of Birth / /	YYYY / MM / DD
<input type="checkbox"/> Same address as yours	Full Address (if different than yours)			Phone Number	Beneficiary Status <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Split %

#### BENEFICIARY #3

Last Name		First Name, Initial(s)		Relationship to Member	Date of Birth / /	YYYY / MM / DD
<input type="checkbox"/> Same address as yours	Full Address (if different than yours)			Phone Number	Beneficiary Status <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Split %

## APPOINT A TRUSTEE

I appoint \_\_\_\_\_ as Trustee to administer any benefits due to be paid to my beneficiary(ies) under age 18.

Full Address of Trustee		Phone Number	Relationship to Minor
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## YOUR DECLARATION

I certify that all of the information provided on this form, including information about my named beneficiary(ies), is correct and accurate to the best of my knowledge. I understand that the Nursing Homes and Related Industries Pension Plan (the "Plan") and its professional advisers and/or other authorized service providers will collect, use and disclose the information I provide in order to determine and administer my benefits (and those of my named beneficiary(ies)) under the Plan as explained in the Plan's Privacy Policy. I consent to the collection, use and disclosure of all information provided on this form for the purposes outlined in the Plan's Privacy Policy.

Name of Applicant (PRINT) \_\_\_\_\_

Name of Witness (PRINT) \_\_\_\_\_ Anyone age 18 or over, except your spouse and any designated beneficiary on this form.

Signature of Applicant Not valid unless signed in front of the witness.

Signature of Witness Sign only if you saw the Applicant sign the form.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Day Month Year

\_\_\_\_\_ Email address or phone number of Witness

## Death Benefits and Spouse

Death benefits may be payable from the Plan if you die while a member, former member or pensioner. Most death benefits are automatically paid to your spouse if you have a spouse when you die and who has not waived entitlement to the death benefit. To waive entitlement, your spouse must sign an official waiver form and provide it to InBenefits before you start to receive your pension or before you die, if your death occurs prior to the start of your pension.

If you work in Ontario, for the purposes of the NHRIPP death benefit, your spouse is normally the person who at the time of your death:

- is married to you and is not living separate and apart from you, or
- is not married to you but has been living with you
  - in a conjugal relationship continuously for a period of not less than three years, or
  - in a relationship of some permanence, if you are the parents of a child as set out in section 4 of Ontario's *Children's Law Reform Act*.

Please contact InBenefits to obtain the definition of spouse if you accrued NHRIPP benefits while working in a province other than Ontario or for a federally regulated employer.

Death benefits are not always automatically payable to your spouse. If you want your spouse to receive any NHRIPP death benefits payable on your death, you should also designate your spouse as your beneficiary using the "Designated Beneficiaries" section of this form. If you designate your spouse as your beneficiary, your spouse will remain your beneficiary, until you revoke that designation, even if he or she is no longer your spouse.

## Death Benefits and Designated Beneficiary(ies)

You may designate an individual or an organization to receive any NHRIPP death benefits which become payable on your death. You must identify your beneficiary(ies) as either "Primary" or "Secondary". Your "Secondary" beneficiary(ies) will receive death benefits only if all your Primary designated beneficiaries die before you do. If you name more than one person in each category (Primary and Secondary), any death benefits will be divided equally among those in the applicable category, unless you provide for different percentages for each. The different percentages must total 100%.

## Trustee

If you want to name a minor, a person under age 18, as a beneficiary, please appoint a trustee by completing the "Appoint A Trustee" portion of this form. The Plan cannot pay a death benefit directly to a minor. The trustee will receive any NHRIPP death benefit and will hold it until the minor turns 18. If a NHRIPP death benefit becomes payable to a minor beneficiary for whom a trustee has not been appointed, the Plan will pay the death benefit in accordance with applicable law, including Ontario's *Children's Law Reform Act*.