



## Pension Plan Enrollment and Beneficiary Designation Form

**Member Section- please fill in your personal information**

Initial Enrollment

Beneficiary Change

Last Name		First Name		Employee Number	
Date of Birth (mm/dd/yyyy)		Gender (M/F)	Email Address		Phone Number
Mailing Address			City		Province      Postal Code

**Pension Plan Eligibility- Please check one:**

[ ]	I am enrolling in the York University Pension Plan as per the pension plan text. (If optional enrollment the effective date is the first of the month following receipt of the completed form in the Pension & Benefits office if the form is received after the 15 <sup>th</sup> of the month. If the form is received prior to the 15 <sup>th</sup> of the month enrollment will be the first of the current month.)			
[ ]	I do not wish to enroll in the York University Pension Plan at this time as I understand my eligibility is optional. I understand I will need to contact the Pension & Benefits office if I wish to enroll in the future.			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">For Office use only: Pension &amp; Benefits Date of hire (mm/dd/yy)</td> <td style="width: 33%;">For Office use only: Pension &amp; Benefits Enrollment Date (mm/dd/yy)</td> <td style="width: 34%;"></td> </tr> </table>		For Office use only: Pension & Benefits Date of hire (mm/dd/yy)	For Office use only: Pension & Benefits Enrollment Date (mm/dd/yy)	
For Office use only: Pension & Benefits Date of hire (mm/dd/yy)	For Office use only: Pension & Benefits Enrollment Date (mm/dd/yy)			

**Marital status:** Your spouse is the person to whom you are legally married or in a common-law relationship. Use this section to provide your marital status. **Please identify your marital status for pension purposes as described below:**

Single     
  Married     
  Common Law

**If you have an eligible spouse**, as defined in the Ontario Pension Benefits Act, you **must designate your spouse as your sole beneficiary** for any pension benefits payable upon your pre-retirement death. However, **you and your spouse may waive the right to a spousal benefit by completing a Waiver of Pre-retirement Death Benefit form.**

*An **eligible spouse** is the person who is married to you; or is not married to you, but has been living with you in a conjugal relationship for at least three continuous years or less if you are the biological or adoptive parents of a child.*

Spouse Last name	Spouse First name	Gender (M/F)	Spouse Date of Birth mm/dd/yyyy)
------------------	-------------------	--------------	----------------------------------

**If you do not have a spouse - Beneficiary Designation** – Please designate your beneficiaries below. **The total % share must add to 100%.**

Designated Beneficiary Full Name	Relationship	Date of Birth (MM/DD/YYYY)	% Share
Designated Beneficiary Full Name	Relationship	Date of Birth (MM/DD/YYYY)	% Share

**NOTE: FAILURE TO DESIGNATE A BENEFICIARY WILL RESULT IN THIS FORM BEING RETURNED TO YOU FOR COMPLETION.**

**What are the advantages to naming a beneficiary?**

- Your heirs could save time and money. Funds are paid directly to the beneficiary, without the delays or probate fees associated with the processing of an estate.
- Estate taxes are also avoided, although your heirs will pay tax on your death benefit.



## Pension Plan Enrollment and Beneficiary Designation Form

**Appointing a Trustee for Beneficiary under 18**– Use this section if your beneficiary is under the age of 18

I hereby appoint \_\_\_\_\_ as a trustee to receive the money payable to any beneficiary designated who is not age of majority (18 years) and unable to give legal discharge on the date of payment and I hereby authorize the said trustee in his or her sole discretion to pay to or for the benefit, any amount of the said payment, for the maintenance and education of such beneficiary.

**Contingent Beneficiary\*\* Designation** – Please designate your contingent beneficiaries below. **The total % share must add to 100%.**

Contingent Beneficiary Full Name	Relationship	Date of Birth (MM/DD/YYYY)	% Share
Contingent Beneficiary Full Name	Relationship	Date of Birth (MM/DD/YYYY)	% Share

**\*\* What is a contingent beneficiary?**

A contingent beneficiary is the alternative choice if the primary beneficiary is not alive to accept the benefits at the time they are paid.

**Member Signature\*\*\* (Keep a copy of this form for your records)**

Member Signature	Date
------------------	------

**\*\*\* We require you to print this form and sign it. You may then scan and email it to us.**

**Disclaimer:** I understand that, in the absence of a duly executed waiver, the person who is my eligible spouse at the date of my death is entitled to receive a pre-retirement death benefit from the York University pension plan of either a lump sum payment or an immediate life annuity. I hereby revoke any prior beneficiary designation made for the purposes of the Plan and appoint the person(s)/organization(s) named above as my designated beneficiary(ies) to receive any death benefits that may be payable to a beneficiary in accordance with the terms of the Plan. I reserve the right to change this designation, subject to the provisions of any law or regulation, which may apply. However, I understand that the above beneficiary designation(s) shall remain legally valid and shall continue to be effective in the event of my death, unless and until such time as I inform the University of any change by executing a new beneficiary designation form. If my designated beneficiary predeceases me and no other beneficiary has been designated to replace the designated beneficiary that predeceased me, and proceeds that would have been payable to such beneficiary will be paid to my estate.

I fully understand that the University and the pension fund hereby rely on the accuracy of my certification above to determine the form and amount of the pension benefits to which, my beneficiary(ies), as applicable, will be entitled. I hereby relieve the University and the pension fund of any liability whatsoever should incorrect payments be made as a result of any misrepresentation in this declaration.

**Privacy:** Personal information in connection with this form is collected under the authority of *The York University Act, 1965* and will be used solely for administering the provisions of the York University Pension Plan. If you have any questions about the collection, use and disclosure of personal information by York University, please contact: Associate Director, Pension and Benefits, Kinsmen Building, 8 The Chimneystack Road, Toronto ON M3J 1P3, 416-736-2100.