



# Pension Partner Information

Use this form to identify your pension partner who will receive a death benefit if you die while a deferred member of the Public Service Management (Closed Membership) Pension Plan (PSM(CM)PP). Your pension partner is AUTOMATICALLY the sole beneficiary of your pension death benefits. If you wish to designate a beneficiary or beneficiaries in the event your pension partner dies before you or ceases to be your pension partner, complete the *Designation of Beneficiary(ies)* form. Please complete all relevant information on this form and send it to:

PSM(CM)PP, 5103 Windermere Blvd. SW  
Edmonton, AB T6W 0S9  
Fax: 780-421-1652

## 1. Member Information

|   |                                |                    |
|---|--------------------------------|--------------------|
| _____   | _____                          | _____              |
| member's first name                                 | member's middle name           | member's last name |
| _____   | _____                          |                    |
| member social insurance number or member identifier | member social insurance number |                    |
|   | member identifier              |                    |

## Definition of Pension Partner

"Pension partner" means

- (i) a person who, at the relevant time, was married to an officer or former officer, and
  - (A) was not judicially or otherwise separated from him or her, or
  - (B) if so separated, was wholly or substantially dependent on him or her,
- (ii) if there is no person to whom subclause (i) applies, a person who
  - (A) lived with the participant or former participant
    - (I) for the 5-year period immediately preceding the relevant time, or
    - (II) for the 2-year period immediately preceding the relevant time if there is a child born to that person and the participant or former participant, and
  - (B) was, during that period held out by the participant or former participant in the community in which they lived as his consort, or
- (iii) if there is no person to whom subclause (i) or (ii) applies, a person who was married to but separated from the participant or former participant and not dependent on him at the relevant time

If you are not certain how the definition of pension partner applies to you, please contact the Member Services Centre at 1-800-358-0840.

## 2. According to the definition above, I have a pension partner on the date I am completing this form (please check one):

- YES** If your answer is YES, please complete section 3. *Pension Partner Information*.
- NO** If your answer is NO, please do not proceed with completing the form. You may wish to complete a *Designation of Beneficiary(ies)* form.

*continued on next page*

Here is the proper collection notice: Personal information provided on this form is collected for pension administration purposes. It is collected under the authority of the Alberta *Freedom of Information and Protection of Privacy Act*, section 33 and the Alberta *Public Sector Pension Plans Act*, section 9.2. If you have any questions regarding the collection of this information, contact the Member Services Centre at 1-800-358-0840 or write to: 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.



## Pension Partner Information

### 3. Pension Partner Information

|  |                                     |   |        |
|--|-------------------------------------|---|--------|
| _____  | _____                               | _____                                     | Female |
| pension partner's first name                 | pension partner's middle name       | pension partner's last name               |        |
| _____  | _____                               | _____                                     | Male   |
| pension partner's date of birth (YYYY/MM/DD) | marital status (married/common law) | if married, date of marriage (YYYY/MM/DD) |        |

Your pension partner's age needs to be verified. Please provide an exact copy of one of the following as acceptable proof of your pension partner's date of birth:

- Passport (current or expired)
- Birth Certificate (if last name is the same)
- Birth Certificate and Marriage Certificate (if last name is different or has changed)
- Canadian Citizenship document
- Driver's License

If your pension partner's address is different from yours please provide their address below:

|                           |                                     |
|---------------------------|-------------------------------------|
| _____                     | _____                               |
| pension partner's address | address effective date (YYYY/MM/DD) |
| _____                     | _____                               |
| city, town, village, etc. | postal code                         |

### 4. Member Authorization

I understand that if I have a pension partner, he or she is automatically the sole beneficiary of my pension death benefit. I may complete a *Designation of Beneficiary(ies)* form to name a beneficiary or beneficiaries in the event my pension partner dies before me or ceases to be my pension partner.

The information on this form is, to the best of my knowledge and belief, complete and accurate.

|                              |                   |
|------------------------------|-------------------|
| _____                        | _____             |
| member's name (please print) |                   |
| _____                        | _____             |
| member's signature           | date (YYYY/MM/DD) |

This is an official record that must be signed to be valid. Mailing and fax information is at the top of page 1. Keep a copy of the completed form for your records. If you have questions please contact the Member Services Centre, toll free at 1-800-358-0840 .

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