



SHEPP

SASKATCHEWAN HEALTHCARE
EMPLOYEES' PENSION PLAN

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Designation of Beneficiary

FOR OFFICE USE ONLY: 005

CASE ID: _____

1 Personal Information

Member Information

Name _____ First Name _____ Middle Name _____ Last Name _____ Member ID # _____
SIN _____ Date of Birth _____ (dd/mm/yyyy)

Spousal Information

Marital Status: Single Married Common Law Separated Divorced Widowed

Spouse's Name _____ Date of Birth _____ (dd/mm/yyyy) Gender: Female Male

Spouse's Entitlement

The Law: Under Saskatchewan pension legislation your spouse is a person to whom you are married; or if you are not married, a person with whom you are cohabiting as spouses at the relevant time and who has been cohabiting continuously with you as your spouse for at least one year prior to the relevant time. The relevant time means "at the date of death" with respect to the pre-retirement death benefit and "at the date of retirement" with respect to post-retirement survivor benefit.

Your Options: You may designate one or more beneficiaries to receive any death benefit payable from SHEPP. You may also name your estate or an organisation as beneficiary. However if you have a spouse (as defined above) on your date of death prior to retirement, the *Pension Benefits Act, 1992* (Saskatchewan) requires that regardless of your beneficiary designation the death benefit be paid to your spouse, unless a valid written waiver is completed by the spouse prior to your date of death. If you do not have a spouse on your date of death, or your spouse signed a waiver prior to your date of death, the death benefit will be paid to the beneficiary set out below. If on your date of death you have a former spouse, he or she may have interest pursuant to matrimonial property legislation in all or part of the death benefit. This interest may override, in whole or in part, your beneficiary designation. If a beneficiary is not designated, SHEPP will record your estate as beneficiary.

2 Designation of Beneficiaries

I hereby revoke all previous beneficiary designations and designate the following:

Primary Beneficiaries

I hereby designate the following primary beneficiaries to receive, in equal shares, any amount payable from SHEPP in the event of my death:

1	Name (First, Middle and Last)	Relationship	Date of Birth (dd/mm/yyyy)	Address
2	Name (First, Middle and Last)	Relationship	Date of Birth (dd/mm/yyyy)	Address
3	Name (First, Middle and Last)	Relationship	Date of Birth (dd/mm/yyyy)	Address
4	Name (First, Middle and Last)	Relationship	Date of Birth (dd/mm/yyyy)	Address

Contingent Beneficiaries

If a named primary beneficiary predeceases me, any benefit payable will be shared equally among the surviving named primary beneficiaries. If all of the named primary beneficiaries predecease me, I hereby designate the following contingent beneficiaries to receive, in equal shares, any benefit payable from SHEPP:

1	Name (First, Middle and Last)	Relationship	Date of Birth (dd/mm/yyyy)	Address
2	Name (First, Middle and Last)	Relationship	Date of Birth (dd/mm/yyyy)	Address

Designation of Trustee (Optional)

Minor Clause - SHEPP cannot pay a benefit directly to a minor (someone under 18 years of age). If you designate a minor beneficiary, you may appoint an individual or organisation as trustee to receive any benefit payable in trust for your minor beneficiary. The trustee shall hold such benefit in trust until the minor reaches the age of 18 years, and any payments made to the said trustee shall discharge SHEPP to the extent of such payment. If a trustee is not designated, SHEPP will pay the benefit to the minor's legal property guardian or, if none, to the Public Guardian and Trustee of Saskatchewan. I hereby appoint:

Name (First, Middle and Last)	Relationship	Date of Birth (dd/mm/yyyy)	Address
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to receive any death benefit payable from SHEPP in trust for any beneficiary I have designated who is a minor on the date of my death.

3 Authorisation

Member Signature _____

Witness Signature (Witness cannot be a named beneficiary) _____

Date _____ (dd/mm/yyyy)

Witness Name (please print) _____

Instructions: Submit this form to SHEPP Keep a copy for your files