

**SEVENTH-DAY ADVENTIST CHURCH RETIREMENT PLAN FOR CANADIAN EMPLOYEES (the "Plan")**  
**Registration No. 1001908**

**DESIGNATION OF BENEFICIARY FOR PRE-RETIREMENT DEATH BENEFITS**

\_\_\_\_\_  
Name of Member (Last Name, First Name - please print) Province of Employment

Pension legislation requires that, if you die before retirement, a death benefit is payable to your eligible spouse. If you do not have an eligible spouse at your date of death, or if your spouse has submitted the required waiver form, then your designated beneficiary will be entitled to a death benefit under the Plan (if any).

**A. SPOUSAL DECLARATION**

Name and date of birth of spouse:

\_\_\_\_\_  
Name (Last Name, First Name – please print) Date of Birth (m/d/y)

**B. DESIGNATION OF BENEFICIARY – OTHER THAN SPOUSE**

I understand that if:

- I die before retirement and do not have an eligible spouse at my date of death; or
- I die before retirement and have an eligible spouse at the date of my death, but my spouse has submitted the required waiver form (this is applicable only for members employed in Ontario, British Columbia or Quebec),

then my designated beneficiary will be entitled to death benefits under the Plan (if any). If you require a spousal waiver form, please phone Marilyn Pazitka (telephone number below).

For this purpose, I designate the following as my beneficiary(ies):

<u>Name</u>	<u>Date of Birth (m/d/y)</u>	<u>Relationship</u>	<u>Address</u>	<u>%</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Print on back if needed)

I understand that if:

(a) I do not have a spouse entitled to receive death benefits at my date of death, and if I have not named a beneficiary under the Plan, or all my named beneficiaries predecease me, any death benefits payable will be paid to my estate.

(b) more than one beneficiary is named on this form, money will be divided equally between or among the surviving beneficiaries, unless shares are otherwise allocated on this form. If allocations are made that do not add up to 100%, money will be distributed equally among surviving beneficiaries.

(c) any of the beneficiaries is a minor at the time of my death, payment will have to be made to the person who is legally entitled to receive the payment on behalf of that minor. I am aware that it is my responsibility to ensure that appropriate arrangements are made by me in this regard. Please contact \_\_\_\_\_.  
(Name of Trustee or Executor and phone number)

**C. CERTIFICATION AND SIGNATURE**

I HEREBY CERTIFY THAT I HAVE CAREFULLY REVIEWED AND UNDERSTAND THE INFORMATION CONTAINED HEREIN AND CONFIRM THE FACTS AND ELECTIONS SET OUT ABOVE.

\_\_\_\_\_  
Member Signature Date

\_\_\_\_\_  
Witness Signature (NOT a beneficiary/family member) Witness Name (please print) Date

If you require additional information or if you wish to designate a new beneficiary, please contact  
Marilyn Pazitka, Director, Canadian Retirement Plans  
1148 King Street, E., Oshawa, ON L1H 1H8  
905-433-0011 Ext. 2071