



BENEFICIARY & SPOUSE DESIGNATION (INCLUDING NAME CHANGE)

Name of Pension Plan: Halifax Regional Municipality Pension Plan

Employee Location/Division: _____

MEMBER INFORMATION

Last name: _____ First name: _____ Initial: _____

Employee Number: _____ Gender: Male Female

SPOUSE DESIGNATION

I certify that as of the date of this declaration, I DO _____ I DO NOT _____ have a Spouse as defined under Nova Scotia pension legislation (see reverse for definition of eligible Spouse).

Spouse's Last name: _____ First name: _____ Initial: _____

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

The person qualifying as your spouse on the date this form is signed may later not qualify due to changes in your personal circumstances or changes to the applicable legislation. You should notify the plan administrator of any change in your marital status as soon as possible.

Verification with respect to the qualification of the spouse will only be done at your retirement or death depending on the applicable provisions of your pension plan.

If a portion of your pension has been assigned to a former spouse due to marriage breakdown, or a court order or separation agreement states that a former spouse is not entitled to your pension benefits, it is very important that you provide a copy of the document to the plan administrator.

Signature of Member: _____ Date (mm/dd/yyyy): _____

Signature of Witness: _____ Date (mm/dd/yyyy): _____

BENEFICIARY DESIGNATION

In accordance with the terms and conditions of the Plan and pension legislation, your spouse is entitled to certain benefits following your death regardless of any beneficiary you have designated. Benefits not payable to your spouse will be paid to your designated beneficiary. If you are designating a beneficiary who is a minor, please designate a trustee. A trust agreement or guardian appointment is required to make a payment to a minor beneficiary in trust.

I hereby designate the following beneficiary(ies) to receive any such amount payable from the Plan, in the event of my death:

Last Name	First Name	Date of Birth (mm/dd/yyyy)	Relationship to Member	% of Benefit Allocated	Member Initials	Name of Trustee (if applicable)

By signing this form, I revoke any previous beneficiary designations made by me related to my pension plan benefits. I reserve the right to revoke my beneficiary and hereby acknowledge that all designations remain in effect until they are revoked in writing by me and received by my employer or pension plan administrator.

Signature of Member: _____ Date (mm/dd/yyyy): _____

Signature of Witness: _____ Date (mm/dd/yyyy): _____

NAME CHANGE

I declare that my name has changed as follows. Please update all Plan records accordingly.

New Last name: _____ New First name: _____ Initial: _____

Signature of Member: _____ Date (mm/dd/yyyy): _____

Please mail completed form to the HRM Pension Plan Office at 1108-1809 Barrington Street, Halifax, NS B3J 3K8. Call 1-902-490-6213 or toll-free at 1-888-490-6213 with any questions.

DEFINITION OF SPOUSE UNDER NOVA SCOTIA PENSION BENEFITS LEGISLATION

Spouse means either of two persons who,

- i. are married to each other;
- ii. are married to each other by a marriage that is voidable and has not been annulled by a declaration of nullity;
- iii. have gone through a form of marriage with each other, in good faith, that is void and are cohabiting or, where they have ceased to cohabit, have cohabited within the twelve-month period immediately preceding the date of entitlement;
- iv. are domestic partners within the meaning of Section 52 of the Vital Statistics Act; or
- v. not being married to each other, cohabited in a conjugal relationship with each other
 - a. for a period of at least three years, if either of them is married, or
 - b. for a period of at least one year, if neither of them is married