

**MUNICIPAL EMPLOYEES PENSION PLAN (MEPP)
BENEFICIARY DESIGNATION AND CHANGE FORM**

Employer Number _____ **Employer Name** _____

Employee Name: _____ **SIN:** _____

Please read all the information on the back of this form before completing.

BENEFICIARY INFORMATION

The MEPP follows the requirements set out in *The Pension Benefits Act and Regulations of Manitoba (PBA)*, when paying a **pre-retirement** death benefit. Prior to completing the Beneficiary Designation below, please note the following and read all information provided on the reverse side of this form:

- A) Spouses and common-law partners have legislated rights under **PBA**, which cannot be changed by a Will or Court Order and **should be named as the beneficiary** to pre-retirement death benefits. **The PBA** states that a pre-retirement death benefit must be paid to your spouse or common-law partner **UNLESS**:
- at the time of death you were living separate and apart from your spouse or common-law partner due to a relationship breakdown **or**,
 - your spouse or common-law partner signed a waiver form to give up his/her rights to the pre-retirement death benefit and the waiver has not been revoked. If a spouse or common-law partner signs a waiver form, they can no longer be named as a beneficiary unless the waiver is revoked.
- B) If you do not have a spouse or common-law partner, you may designate someone else as a beneficiary. You may name one or more people, your estate or an institution. If you name more than one person, please specify the percentage you would like each person to receive. If you do not specify a percentage, MEBP will split the benefit equally.

BENEFICIARY DESIGNATION (Please print clearly)

I hereby revoke any previous beneficiary designation and appoint the beneficiary (ies) named below to receive any monies payable if my death occurs prior to retirement from the Municipal Employees Pension Plan.

Name of Beneficiary (Last Name, First Name, Middle Initial)	Date of Birth (dd/mmm/yyyy)	Relationship to Employee	Percentage of Benefit

TRUSTEE DESIGNATION – If any beneficiary is under age 18 at the time of my death

If you are designating a trustee, we recommend that you consult with a legal advisor, and with the proposed trustee. I hereby appoint the following trustee to receive and hold in trust, on behalf of any beneficiary, money payable to the beneficiary under the MEBP where, at the time that payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment made to the trustee will, to its full extent, release the MEBP from any further liability. The trustee shall act prudently and may use the money, including any returns of it or investments made, for the education and/or maintenance of the beneficiary. The trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time the trustee shall deliver to the beneficiary the remaining capital then held in trust by the trustee for such beneficiary under the trust hereby created. **Please print clearly.**

Name of Trustee _____ **Relationship to Employee** _____

Address _____
Box Number/Street Address City/Town/Village Postal Code

Phone Number _____ **Alternate Phone** _____

EMPLOYEE SIGNATURE – print form and manually sign

I understand that personal, and if applicable, health information is collected under the authority of *The Freedom of Information and Protection of Privacy Act* and *The Personal Health Information Act* and that a photocopy of this signed consent is sufficient to allow for the disclosure of information. I also understand that the personal information provided above is being collected for the purposes of determining my eligibility for coverage and administering the MEBP. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. I acknowledge and consent to the MEBP accessing personal information from my employer in the process of investigating and assessing any claims.

I further understand that the MEBP will limit access to personal information in my file to the MEBP staff or persons authorized by the MEBP who require it to perform their duties, to persons to whom I have granted access, and to persons authorized by law.

I acknowledge that I may exercise certain rights of access and rectification with respect to the personal information in my file by contacting MEBP's Administration Office by telephone at 1-800-432-1908 or (204) 926-7979 or by mail at the MEBP administration office, PO Box 764 Winnipeg MB R3C 2L4..

I also acknowledge that I have read this form and that the information provided on this form is true, correct and complete to the best of my knowledge. Also, I understand that this is a revocable designation and that I must complete and submit a new form (#25) to the MEBP, if I wish to designate a new beneficiary or trustee.

Date _____ (dd/mmm/yyyy) Employee's Signature _____

Date _____ (dd/mmm/yyyy) Witness Signature _____

Please note that the Witness must be over the age of 18 and cannot be the beneficiary named above.

Beneficiary Designation Information

Spouse - a person who is legally married to you.

Common-Law Partner – The *PBA* defines “common-law partner” of a member or former member as

- a) a person who, with the member or former member, registered a common-law relationship under section 13.1 of *The Vital Statistics Act*, or
- b) a person who, not being married to the member or former member, cohabited with him or her in a conjugal relationship
 - (i) for a period of at least 3 years, if either of them is married; or
 - (ii) for a period of at least 1 year, if neither of them is married.

If you are not sure whether someone qualifies as a spouse or common-law partner under these definitions, or if you think there is more than one person who qualifies; you may wish to seek a legal opinion.

Please be advised that a marriage or common-law relationship breakdown may affect your MEBP pension benefits. If you have experienced a relationship breakdown, please contact MEBP for additional information.

A pre-retirement death benefit will not be payable to a surviving spouse or common-law partner if the Member and the spouse or common-law partner were living separate and apart at the date of the Member's death by reason of breakdown of their relationship.

A surviving spouse or common-law partner can waive entitlement to a pre-retirement survivor benefit in a prescribed manner and the waiver can be revoked in a prescribed manner, prior to a member's death. Please contact MEBP administration office for additional information and forms.

Minor - a person who is under the age of 18 at the time of the member's death

If your named beneficiary (ies) is under the age of 18, a trustee appointment is required. If the beneficiary (ies) is under the age of 18 at the time of the member's death, the benefit payment will be issued to the trustee on behalf of the beneficiary (ies). It is the trustee's responsibility to administer the funds once they are paid from the Municipal Employees Pension Plan.

Pre-Retirement Death Benefit

- If a member does not have a surviving spouse or common-law partner who meets the requirements for eligibility for entitlement to the member's death benefit under the Pension Benefits Act (Manitoba) the death benefit will be paid to the named beneficiary (ies) designated by the member.
- If the beneficiary (ies) is a minor, death benefits will be paid to the named trustee who will be responsible for the administration of benefits to the beneficiary.
- Where a member has not designated a beneficiary, and there is no surviving spouse or common-law partner who meets the requirements for eligibility for entitlement to the member's death benefit under the *Pension Benefits Act (Manitoba)*, the death benefit will be paid to the member's estate.