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Retirement Death Benefit Certificate Request

To be completed by the Retiree (Please Print) - see information on reverse					
Retiree Information Check this box to sign-up for email correspondence.					
Last Name:	First Name & Middle Initial:				
Date of Birth (dd/mm/yyyy	y):				
Mailing Address:					
City:	Province:				
Email Address:	Phone Number(s):				
Designation by Retiree (Please Print) - see information on reverse Beneficiaries					
	Full Name	Relationship	Portion	Birthdate (dd/mm/yyyy)	
If you name someone unc responsible for controlling	der the age of 18 as a beneficiary, you must r g the assets.	name a trustee. A ti	rustee is an indiv	/idual or legal entity	
Beneficiary	Full Name		Address/Contact Number		
Trustee					
Retiree Signature Date (dd/mm/yyyy) Witness Signature Witness Name (please print)					
3 To be completed by the Policyholder					
Authorized Signature	Date (dd/mm/yyy	') Checked	by		

Retirement Death Benefit Certificate

Insured employees who retire under an employer sponsored pension plan are eligible to receive a \$10,000 Retirement Death Benefit Certificate.

The certificate is payable to the designated beneficiary(ies) only upon the death of the insured retiree and has no cash surrender value.

A Retirement Death Benefit Certificate Request Form must be completed by the retiree.

Designation of Beneficiary

The insured must satisfy himself/herself that any designation(s) made will carry out his/her intentions.

The insured must consider the above designation of beneficiay in the event he/she makes changes to a Will or changes marital status.

The Government of Saskatchewan Group Life Insurance Plan is not responsible for the validity or effect of any designation of beneficiary made under this form.

In general, Provincial legislation does not allow payment of benefits directly to minors. Therefore, if a minor is named as beneficiar y, you should make such arrangements as may be necessary to carry out your intent for the distribution of benefits (i.e. appointment of a trustee).

Completing the Designation of Beneficiary

The insured shall designate his/her own beneficiary. He/she may name an individual or in combination any family member, a friend or his/her estate.

If the insured wishes to designate as beneficiary a Church or Charitable Organization, all that is required is the legal name of the organization and its address.

Since it is necessary to use certain approved wording in the designation of a beneficiary or when a change in the beneficiary appointment is made, the following should be used where applicable:

• Where one beneficiary is named:

Mary Jane Smith, my wife

• Where more than one beneficiary is named:

Mary Jane Smith, my wife William John Smith, my father equally or to the survivor

• Where three or more beneficiaries are named:

William John Smith, my son Joseph Albert Smith, my son, and Mary Jane Smith, my daughter equally or to the survivors or survivor

• Where the beneficiary is designated as the Estate:

My Estate

• Where beneficiaries are allowed fractional amounts:

Mary Jane Smith, my wife, Two-thirds (2/3) William John Smith, my son, One-third (1/3) The share of the deceased beneficiary shall be paid to the survivor

• Where a contingent beneficiary is designated:

Mary Jane Smith, my wife, if living, otherwise to William John Smith, my son

• Where a trustee is designated:

Mary Jane Smith, my sister, in trust for

William John Smith, my son

It is advisable to consult a lawyer where you choose a designation not in accordance with any of the above examples.