

Please return the original completed form to: Saskatchewan Teachers' Retirement Plan
2317 Arlington Avenue, Saskatoon SK S7J 2H8

T: 1-800-667-7762 or 306-373-1660

Pension Plan Member Information

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Initial <input style="width: 95%;" type="text"/>	Social Insurance Number <input style="width: 95%; text-align: center;" type="text"/>
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This form will have limited application if you have a *Spouse* as defined below. In accordance with provincial legislation and provisions of the Saskatchewan Teachers' Retirement Plan, your *Spouse* and dependants may be entitled to benefits following your death, regardless of any other beneficiary you have named. For further information on the STRP survivor benefits, please visit the Federation website at www.stf.sk.ca/pension-benefits/pension-plan.

For pension purposes, *Spouse* is defined as:

- (1) A person who you are married to at the relevant time.
- (2) 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 date of death" with respect to pre-retirement death and "at date of retirement" with respect to post-retirement death.

Beneficiary Designation

I hereby revoke all previous beneficiary designations and designate the following to receive any death benefits payable from the pension plan in the event of my death:

Name (first, middle, last)	Relationship	% Share	Date of Birth <small>(Day/Month/Year, e.g., 31 JAN 2000)</small>	Trustee Appointment for Minor*
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%; text-align: center;" type="text"/>	<input style="width: 95%;" type="text"/>
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<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%; text-align: center;" type="text"/>	<input style="width: 95%;" type="text"/>

*If you designate a beneficiary who is a minor, you may appoint a trustee to receive any benefit payable in trust for the minor.

Signatures

<p>Member's Signature <input style="width: 95%; height: 25px;" type="text"/></p> <p><input checked="" type="checkbox"/> Member's Mailing Address <input style="width: 95%; height: 25px;" type="text"/></p> <p>City/Town <input style="width: 20%; height: 25px;" type="text"/> Province <input style="width: 10%; height: 25px;" type="text"/> Postal Code <input style="width: 20%; height: 25px;" type="text"/></p>	<p>Dated at <input style="width: 80%; height: 25px;" type="text"/></p> <p>this <input style="width: 10%; height: 25px;" type="text"/> day of <input style="width: 60%; height: 25px;" type="text"/> 20 <input style="width: 10%; height: 25px;" type="text"/></p> <p>Witness [Other than beneficiary or relative] (please print) <input style="width: 95%; height: 25px;" type="text"/></p> <p>Witness' Signature <input style="width: 95%; height: 25px;" type="text"/></p> <p><input checked="" type="checkbox"/></p>
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