

THE UNIVERSITY OF MANITOBA GFT PENSION PLAN (1986) APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

Social Insurance Number

Last Name

Given Names

Date of Birth _____ , _____ , _____
(day, month, year)

Gender: Male Female

DECLARATION OF SPOUSE/COMMON-LAW PARTNER

In accordance with the Manitoba Pension Benefits Act and its Regulations and for the purpose of the Pension Plan:

- 1) spouse means the person who is married to you, and
- 2) common-law partner means:
 - a) the person who, with you, registered a common-law relationship under section 13.1 of The Vital Statistics Act, or
 - b) the person who, not being married to you, has been cohabiting with you in a conjugal relationship
 - i) for a period of at least three years, if either of you is married or
 - ii) for a period of at least one year, if neither of you is married.

I hereby declare that for the purpose of the Pension Plan:

I do not have a spouse or common-law partner.

I have a spouse. _____ , _____ , _____
Spouse's Last Name, Given Name *Date of Birth (day, month, year)*
Gender: Male Female

I have a common-law partner. _____ , _____ , _____
Common-Law Partner's Last Name, Given Name *Date of Birth (day, month, year)*
Gender: Male Female

Caution:

- You must inform the Pension Office of any change in your declared spouse/common-law partner, including any future breakdown of your declared relationship, by means of a Change of Information form available from the Pension Office.
- The Act (Section 31(2)) includes provisions on the **Division of pension on breakdown of relationship**. The legislation will dictate if you are required to share the pension accrued during the period of the relationship.

FOR OFFICE USE ONLY

Cert Number: _____ Employee Number: _____

Date of Employment (day, month, year) *Date of Plan Entry (day, month, year)*

Processed on Payroll System Signature Pension Office _____

Return completed form to: Pension Office | 180 Extended Education Complex | Winnipeg | MB | R3T 2N2

See over...

DESIGNATION OF BENEFICIARY

You may designate anyone to be your beneficiary. However, if you have a spouse or common-law partner at your date of death, pension legislation requires the pre-retirement death benefit to be paid to your spouse or common-law partner, regardless of the beneficiary designation, unless:

- i. you are living separate and apart from your spouse or common-law partner by reason of relationship breakdown, or
- ii. your spouse or common-law partner has waived the right to the pre-retirement death benefit by completing Manitoba's Waiver of Survivor Death Benefit (Form 2). In this case, legislation does **not** allow you to name your spouse or common-law partner as your beneficiary.

Caution:

- Should you wish to change your beneficiary (e.g., in the event of a breakdown of your declared spouse/common-law relationship), you will have to do so by means of a Change of Information form available from the Pension Office.
- Benefits cannot be paid to beneficiaries who are minors (under the age of 18) or who are unable to act on his/her behalf. Trustee Nomination forms are available from the Pension Office.

If you do not have a spouse/common-law partner at your date of death, the pre-retirement death benefit will be paid according to your beneficiary designation. All beneficiary designations are revocable.

If you wish to name your estate as beneficiary, please enter ESTATE in the name line and do not complete the remainder of the information.

I hereby designate the following person or persons as revocable beneficiaries of any monies payable under the Pension Plan upon my death.

If a designated beneficiary dies before me, their entitlement will revert to the surviving primary beneficiaries in equal shares. If there is no surviving primary beneficiary, the death benefit will be paid to the secondary beneficiaries. If there is no designated or surviving secondary beneficiary, the death benefit will be paid to my estate.

PRIMARY BENEFICIARIES

Last Name	Given Name	Relationship to you	% Payable to each	Minor
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Total 100%

SECONDARY BENEFICIARIES

A secondary beneficiary will not receive any benefits if a primary beneficiary is alive at my death.

Last Name	Given Name	Relationship to you	% Payable to each	Minor
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Total 100%

I hereby confirm that the above information is correct. This personal information is being collected under the Authority of The University of Manitoba Act and will be used for purposes of pension plan administration.

I authorize the University of Manitoba to exchange personal information with benefit service providers and/or organizations who provide advice and service in the management of the group pension plans. This information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of information, contact the Access & Privacy Coordinator Office, (204) 474-8339, University of Manitoba.

I hereby apply for membership in The University of Manitoba GFT Pension Plan (1986). The University will deduct the required contribution from my salary. The effective date of membership will be effective on the first day of the pay cycle next following receipt of the enrolment form by the Pension Office.

Date

Signature of Employee