



Teachers' Pension Plan Corporation
NEWFOUNDLAND & LABRADOR

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Office Use Only

DESIGNATION OF BENEFICIARY FORM

Return Original to: Teachers' Pension Plan Corporation, 130 Kelsey Drive, Suite 101, St. John's, NL, A1B 0T2

Section 1 – Identification of Plan Member PLEASE PRINT

Check one: Single Married Common-law Partner Separated Divorced Widowed

MEMBER ID	LAST NAME	GIVEN NAME(S)			
SOCIAL INSURANCE NUMBER		DATE OF BIRTH	DD	MM	YYYY
EMAIL ADDRESS					

NOTE: If you are an active employee, please contact your employer directly for corrections or updates to your personal data, including name, address, phone number and e-mail. If you are retired, please contact us directly to update personal data.

Section 2a – Identification of Spouse PLEASE PRINT

LAST NAME	GIVEN NAME(S)							
SOCIAL INSURANCE NUMBER	DATE OF MARRIAGE	DD	MM	YYYY	DATE OF BIRTH	DD	MM	YYYY
<input type="checkbox"/> Address same as Plan Member								
MAILING ADDRESS LINE 1								
MAILING ADDRESS LINE 2	CITY/TOWN	PROVINCE	COUNTRY	POSTAL CODE				

Section 2b – Identification of Dependent Children (up to age 18 years of age, between 18 and 24 years of age if attending full-time school, and/or infirmed regardless of age) - Attach separate sheet if necessary. PLEASE PRINT

LAST NAME	GIVEN NAME(S)	DATE OF BIRTH		
		DD	MM	YYYY
LAST NAME	GIVEN NAME(S)	DATE OF BIRTH		
		DD	MM	YYYY
LAST NAME	GIVEN NAME(S)	DATE OF BIRTH		
		DD	MM	YYYY
LAST NAME	GIVEN NAME(S)	DATE OF BIRTH		
		DD	MM	YYYY

Section 2c – Identification of Other Dependents - Attach separate sheet if necessary.

PLEASE PRINT

LAST NAME	GIVEN NAME(S)	RELATIONSHIP	DATE OF BIRTH			REASON OF DEPENDENCY
			DD	MM	YYYY	
LAST NAME	GIVEN NAME(S)	RELATIONSHIP	DATE OF BIRTH			REASON OF DEPENDENCY
			DD	MM	YYYY	
LAST NAME	GIVEN NAME(S)	RELATIONSHIP	DATE OF BIRTH			REASON OF DEPENDENCY
			DD	MM	YYYY	
LAST NAME	GIVEN NAME(S)	RELATIONSHIP	DATE OF BIRTH			REASON OF DEPENDENCY
			DD	MM	YYYY	

Section 3 – Identification of Designated Beneficiary - Attach separate sheet if necessary.

The following section of the form is necessary in the event that your spouse, dependent children and/ or other dependents pre-decease you or there are no qualified survivors. Please use the section below to identify a beneficiary(ies). If you do not wish to choose a beneficiary, simply write “Estate” on the first line in the box below.

***PLEASE DO NOT LIST YOUR SPOUSE, DEPENDENT CHILDREN AND/OR OTHER DEPENDENTS HERE (they are to be entered in Section 2 a, b, and c above). PLEASE PRINT**

LAST NAME	GIVEN NAME(S)	RELATIONSHIP/CHARITY REG #	DATE OF BIRTH			PERCENT %
			DD	MM	YYYY	
LAST NAME	GIVEN NAME(S)	RELATIONSHIP/CHARITY REG #	DATE OF BIRTH			PERCENT %
			DD	MM	YYYY	
LAST NAME	GIVEN NAME(S)	RELATIONSHIP/CHARITY REG #	DATE OF BIRTH			PERCENT %
			DD	MM	YYYY	
LAST NAME	GIVEN NAME(S)	RELATIONSHIP/CHARITY REG #	DATE OF BIRTH			PERCENT %
			DD	MM	YYYY	

KEEP A COPY OF THIS DESIGNATION FOR YOUR RECORDS AND PROVIDE A COPY TO YOUR BENEFICIARY(IES) AND LAWYER OR EXECUTOR OF YOUR ESTATE. THE ORIGINAL MUST BE RETURNED TO THE TEACHERS’ PENSION PLAN CORPORATION FOR PROCESSING.

Section 4 – Declaration of Plan Member

I hereby revoke any prior beneficiary designation and designate the person(s) and/or organization(s) listed above as my beneficiary(ies):

Plan Member Name (Printed)

Signature of Plan Member

Date (DD/MM/YYYY)

Witness Name (Printed)

Signature of Witness

Date (DD/MM/YYYY)

Designations are not valid until received and verified by the Teachers’ Pension Plan Corporation.