



Use this form to identify your pension partner who will receive a death benefit if you die while an active or deferred member of LAPP. Your pension partner is AUTOMATICALLY the sole beneficiary of your pension death benefits. If you wish to designate a beneficiary or beneficiaries in the event your pension partner dies before you, ceases to be your pension partner, or has signed Form 5 - *Pension Partner Waiver of Entitlement to a Death Benefit Before Pension Commencement in a Pension Plan*, complete the *Designation of Beneficiary(ies)* form. Please complete all relevant information on this form and send it to:

LAPP, 5103 Windermere Blvd. SW
Edmonton, AB T6W 0S9
Fax: 780-421-1652

1. Member Information

_____	_____	_____
member's first name	member's middle name	member's last name
_____	_____	
member social insurance number or member identifier	member social insurance number	
	member identifier	

Definition of Pension Partner

Persons are pension partners on any date on which one of the following applies:

- (a) they
 - (i) are married to each other, and
 - (ii) have not been living separate and apart from each other for a continuous period longer than three years;
- (b) if clause (a) does not apply, they have been living with each other in a marriage-like relationship
 - (i) for a continuous period of at least three years preceding the date, or
 - (ii) of some permanence, if there is a child of the relationship by birth or adoption.

If you are not certain how the definition of pension partner applies to you, please contact the Member Services Centre at 1-877-649-5277.

2. According to the definition above, I have a pension partner on the date I am completing this form (please check one):

- YES** If your answer is YES, please complete section 3. *Pension Partner Information*.
- NO** If your answer is NO, please do not proceed with completing the form. You may wish to complete a *Designation of Beneficiary(ies)* form.

continued on next page

3. Pension Partner Information

_____	_____	_____	
pension partner's first name	pension partner's middle name	pension partner's last name	Female
_____	_____	_____	Male
pension partner's date of birth (YYYY/MM/DD)	marital status (married/common law)	if married, date of marriage (YYYY/MM/DD)	

Your pension partner's age needs to be verified. Please provide an exact copy of one of the following as acceptable proof of your pension partner's date of birth:

- Passport (current or expired)
- Birth Certificate (if last name is the same)
- Birth Certificate and Marriage Certificate (if last name is different or has changed)
- Canadian Citizenship document
- Driver's License

If your pension partner's address is different from yours please provide their address below:

_____	_____
pension partner's address	address effective date (YYYY/MM/DD)
_____	_____
city, town, village, etc.	postal code

4. Member Authorization

I understand that if I have a pension partner, he or she is automatically the sole beneficiary of my pension death benefit. I may complete a *Designation of Beneficiary(ies)* form to name a beneficiary or beneficiaries in the event my pension partner dies before me, ceases to be my pension partner or has signed Form 5 - *Pension Partner Waiver of Entitlement to a Death Benefit Before Pension Commencement in a Pension Plan*.

The information on this form is, to the best of my knowledge and belief, complete and accurate.

member's name (please print)

member's signature

date (YYYY/MM/DD)

This is an official record that must be signed to be valid. Mailing and fax information is at the top of page 1. Keep a copy of the completed form for your records. If you have questions please contact the Member Services Centre, toll free at 1-877-649-5277.