

This form is used to identify your pension partner. 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 a *Pension Partner Waiver of Pre-Pension Commencement Death Benefit Form (40)*, complete the *Designation of Beneficiary(ies) Form (2)*. Please complete all relevant information on this form and send it to:

SFPP, c/o Alberta Pensions Services Corporation (APS),  
5103 Windermere Blvd. SW,  
Edmonton, AB T6W 0S9.  
Fax: 780-421-1652

### 1. Member Information

This area is for the member to provide personal information. Provide the full name used for banking and income tax purposes.

_____	_____	_____
member first name	member middle name	member last name
_ _ _ _ _ _ _ _ _		
member social insurance number		

### Definition of a Pension Partner

“Pension Partner” means

- (i) a person who, at the relevant time, was married to a participant or former participant and had not been living separate and apart from him or her for 3 or more consecutive years, or
- (ii) if there is no person to whom subclause (i) applies, a person who, as at and up to the relevant time, had lived with the participant or former participant in a conjugal relationship
  - (A) for a continuous period of at least 3 years, or
  - (B) of some permanence, if there is a child of the relationship by birth or adoption;

Persons are living separate and apart

- (a) if they are living apart and either of them has the intention to live separate and apart from the other, or
- (b) if, before the relevant time,
  - (i) they had been living separate and apart for any period, and
  - (ii) that period was interrupted or terminated by reason only that either of them became incapable of continuing to live separate and apart or of forming or having the intention to continue to live separate and apart of that person’s own volition, and the separation would probably have continued if that person had not become so incapable.

If you are not certain how the definition of pension partner applies to you, please contact the Member Services Centre at 1-877-809-SFPP (7377).

### 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 three (Pension Partner Information).
- NO** → If your answer is NO, you may wish to complete a *Designation of Beneficiary(ies) Form (2)*.

**3. Pension Partner Information**

Complete the following if you have a pension partner or if there has been a change to your pension partner's information.

_____	_____	_____	<input type="checkbox"/> FEMALE
pension partner's first name	pension partner's middle name	pension partner's last name	<input type="checkbox"/> MALE
_____	_____	_____	
pension partner's date of birth (YYYY/MM/DD)	marital status (married/common law)	if married, date of marriage	

Your pension partner's **date of birth** needs to be verified in our system.

Please provide a legible photocopy of **one** of the following documents:

- Birth Certificate
- Baptismal papers
- Adoption papers
- Canadian registration of birth
- Canadian passport
- Canadian citizenship papers
- Certificate of Indian Status (status card)
- Canadian driver's license
- Alberta identification card

**OR**

Please provide a legible photocopy of **two** of the following documents:

- Marriage records
- School records
- Military records
- Foreign passport
- Age of Majority card
- Statutory declaration
- Canadian immigration papers

If **married**, please provide a copy of your Marriage Certificate

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	province
_____	_____
	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 (2)* to name a beneficiary or beneficiaries in the event my pension partner dies before me, ceases to be my pension partner or has signed a *Pension Partner Waiver of Pre-Pension Commencement Death Benefit Form (40)*.

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

_____	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 1-877-809-SFPP (7377)
member's name (please print)	
_____	
member's signature	date (YYYY/MM/DD)