

110 - 1801 Hamilton Street REGINA, SK S4P 4W3 Phone: 306-787-3440 Fax: 306-787-8822 Email: benefits@plannera.ca

**Retirement Death Benefit Certificate Request** 



When the form is completed and signed by you and a witness, return the <u>original form</u> to the Human Resource Service Centre at 2100 Broad Street, REGINA SK S4P 1Y5.

A certified copy of the employee's Birth Certificate must be attached to this form.

To be completed by the Employer (Please Print) - see information on reverse				
Employee Information				
Last Name:	First Name & Middle Initial:			
Date of Birth (dd/mm/yyyy):	/ Preferred Method of Contact:		Email	Mail
Mailing Address:				
City:	Province:		Postal Code:	
Email Address:	Phone Number(s):			
Was the employee on a Group Life Premium Waiver immediately prior to retirement?				
<b>Employer Information</b>				
Employer Name:	Division Number:			
Email Address:	Phone Number(s):			
				/ /
Employer Signature	Signature Name (please print)  Date (dd/mm/yyyy)			
(2) To be completed k	oy the Employee (Please Prir	nt) - see informati	on on reverse	
Beneficiaries				
Full Name		Relationship	Portion	Birthdate (dd/mm/yyyy)
				/ /
				/ /
				/ /
				/ /
Employee Signature	Date (dd/mm/yyyy)	Witness Sig	gnature	
	Witness Name (please print)			
(3) To be completed by the Policyholder				
	,			
Authorized Signature	Date (dd/mm/yyyy)	Checked b	У	

## **Retirement Death Benefit Certificate**

Insured employees who retire under an employer sponsored pension plan are eligible to recieve a \$10,000 Retirement Death Benefit Certificate.

The certificate is payable to the designated beneficiary(ies) only upon the death of the insured retiree and has no cash surrender value.

A Retirement Death Benefit Cetificate Request Form must be completed by the retiree.

## **Designation of Beneficiary**

The insured must satisfy himself/herself that any designation(s) made will carry out his/her intentions.

The insured must consider the above designation of beneficiary in the event he/she makes changes to a Will or changes marital status.

The Government of Saskatchewan Group Life Insurance Plan is not responsible for the validity or effect of any designation of beneficiary made under this form.

In general, Provincial legislation does not allow payment of benefits directly to minors. Therefore, if a minor is named as beneficiary, you should make such arrangements as may be necessary to carry out your intent for the distribution of benefits (i.e. appointment of a trustee).

## **Completing the Designation of Beneficiary**

The insured shall designate his/her own beneficiary. He/she may name an individual or in combination any family member, a friend or his/her estate.

If the insured wishes to designate as beneficiary a Church or Charitable Organization, all that is required is the legal name of the organization and its address.

Since it is necessary to use certain approved wording in the designation of a beneficiary or when a change in the beneficiary appointment is made, the following should be used where applicable:

- Where one beneficiary is named:
  - Mary Jane Smith, my wife
- Where more than one beneficiary is named:

Mary Jane Smith, my wife William John Smith, my father equally or to the survivor

• Where three or more beneficiaries are named:

William John Smith, my son Joseph Albert Smith, my son, and Mary Jane Smith, my daughter equally or to the survivors or survivor

• Where the beneficiary is designated as the Estate:

My Estate

• Where beneficiaries are allowed fractional amounts:

Mary Jane Smith, my wife, Two-thirds (2/3) William John Smith, my son, One-third (1/3) The share of the deceased beneficiary shall be paid to the survivor

• Where a contingent beneficiary is designated:

Mary Jane Smith, my wife, if living, otherwise to William John Smith, my son

• Where a trustee is designated:

Mary Jane Smith, my sister, in trust for

William John Smith, my son

It is advisable to consult a lawyer where you choose a designation not in accordance with any of the above examples.