

Beneficiary Designation Form

January 2016



Please print clearly using black ink. See the reverse side for important information about this form.

Any beneficiary designation you make using this form will revoke any previous beneficiary designation you may have made regarding your HOOPP pension benefits.

Member Information

first name

last name

SIN:

Tel:

Spousal Information

If you have retired and are receiving a pension from HOOPP you cannot use this form to remove the qualifying spouse you had when you retired even if you have separated from your spouse. This form is not to be used if the qualifying spouse you had at retirement has passed away and you would like to add a new qualifying spouse – to add a new qualifying spouse, please complete and submit a *Post-retirement Spousal Benefits Application* to HOOPP.

Active or deferred members

I have a qualifying spouse. (See reverse side for HOOPP's definition of a qualifying spouse.)

Name of qualifying spouse: Date of birth:
mm/dd/yyyy

I have no qualifying spouse.

I no longer have a qualifying spouse – please remove my former qualifying spouse.

Name of former spouse:

Pensioners

I am a pensioner and my spouse has passed away. (Please provide a copy of your late spouse's death certificate.)

Beneficiary Designation

(Only a member or pensioner can change or revoke a beneficiary. A power of attorney cannot designate a beneficiary on a member or pensioner's behalf.)

Name (first, last) or Organization or Estate	Relationship to member (if beneficiary is an individual) and gender	Percentage of benefit I would like any benefits payable upon my death (check one): <input type="checkbox"/> divided equally <input type="checkbox"/> divided as shown	Date of birth mm/dd/yyyy
	<input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> Male <input type="checkbox"/> Female		

Declaration (This section must be completed.)

I certify that the information provided by me on this form is true and accurate. I hereby revoke all previous beneficiary designations made by me relating to the Healthcare of Ontario Pension Plan (HOOPP) and hereby designate the person(s) and/or entity(s) set out above as my HOOPP beneficiary(s). I acknowledge that personal information on this form is being collected, used and maintained in order for HOOPP to provide pension services. I understand that personal information may be disclosed to third parties under contract with HOOPP to complete these services.

Member's signature: Date:
mm/dd/yyyy

Healthcare of Ontario Pension Plan

1 Toronto St., Suite 1400
Toronto, ON
M5C 3B2
hoopp.com

Tel: 416-646-6445
Toll-free: 1-877-43HOOPP(46677)
Fax: 416-369-0225
Email: clientservices@hoopp.com

- Send this form to HOOPP
- Keep a copy for your files



Important Information

By law, your qualifying spouse is automatically entitled to receive any benefits that are payable upon your death. If there are any further benefits payable after both you and your qualifying spouse have passed away, they will be paid to your designated beneficiary as a lump sum, less applicable income tax.

If you do not have a qualifying spouse, any benefits payable upon your death will be paid to your designated beneficiary(s).

Please visit hoopp.com for more information about the benefits that are payable when members pass away before or after retirement.

Purpose of this form

Active and Deferred Members:

This form can be used by active and deferred members to inform HOOPP of the following:

- the name of your qualifying spouse
- any other beneficiary or beneficiaries you want to designate
- a change in spousal status

Pensioners:

As a pensioner, use this form to designate or change a beneficiary(s).

If the qualifying spouse you had when you retired has passed away or if you had no qualifying spouse when you retired you may be eligible to add a post-retirement spouse. Certain conditions apply. If this situation applies to you, please complete and submit a *Post-Retirement Spousal Benefits Application* to HOOPP.

Spousal Information

“Qualifying spouse” is a HOOPP-defined term. HOOPP defines a qualifying spouse as a person who, at the time of retirement or death (whichever occurs first):

- is legally married to you, but not separated; or
- has been living with you within a conjugal relationship continuously for at least a year; or is the mother or father (natural or adoptive) of your child, and lives with you in a relationship of some permanence.

By law, your qualifying spouse is automatically entitled to receive spousal benefits upon your death. If you do not have a qualifying spouse or spousal benefits have been waived, you can designate any person(s), organization(s) or your estate as your beneficiary.

- If you no longer have a qualifying spouse, and wish to remove a former spouse's name from your pension record, tick the box and provide the former spouse's name.
- If you have retired and are receiving a pension you cannot use this form to delete a qualifying spouse you had when you retired even if you have separated from your spouse.
- If you are a pensioner and the qualifying spouse you had at the time you retired has passed away, please tick the box and provide the name of your late spouse. Please also provide HOOPP with a copy of your late spouse's death certificate so that we can update our records.
- If you have retired and are receiving a pension from HOOPP you cannot use this form to add a new qualifying spouse. Please complete and submit a *Post-retirement Spousal Benefits Application* to HOOPP.

Beneficiary Designation

- If you do not have a qualifying spouse and you do not designate a beneficiary then any death benefits will be payable to your estate unless HOOPP receives a Will that provides clear instructions who to pay.
- Provide full name of each beneficiary and date of birth.
- If any of your beneficiaries are individuals, indicate by ticking the box if they are your child, or “other.” Other can include a friend, sibling, family member or anyone else you wish to designate.
- If you name more than one beneficiary, you can specify what percentage each beneficiary is to receive in the space provided (for example, you could leave 75% to a daughter, and 25% to a granddaughter). If you don't specify a percentage, any benefits payable on your death will be divided equally among all your surviving beneficiaries.
- If you are naming a minor as a beneficiary, consider obtaining legal advice before proceeding.
- If you designate a beneficiary for your HOOPP benefits in a Will that is signed and dated after you complete this form then that designation will revoke any designation made on this form.