



Spouse or Cohabiting Partner & Beneficiary Designation

Plan Name: Newfoundland and Labrador Municipal Employee Benefits Inc. Pension Plan

Registration Number: 075097(NL), 0588483(CRA)

Employer (Town): _____

(Please Print)

Initial Designation

Revised Designation

Member's Name: _____ S.I.N.: _____

In accordance with pension benefits legislation and the terms of the plan, your spouse or cohabiting partner may be entitled to certain benefits following your death, regardless of any other beneficiary you have named. Benefits not payable to your spouse or cohabiting partner, if any, will be paid to your beneficiary. You may designate your spouse or cohabiting partner as your beneficiary, but to do so, you must complete the **Designation of Beneficiary** section below.

Identification of Spouse* or Cohabiting Partner*

I have a spouse* or cohabiting partner*, as defined by the applicable pension benefits legislation.

Spouse's or Cohabiting Partner's Name: _____
Last First Initial

Date of Birth: _____ Sex: Male Female
Day/Month/Year

I do not have a spouse* or cohabiting partner*, as defined by the applicable pension benefits legislation.

Designation of Beneficiary

I revoke any beneficiary designation I may have made previously under the Plan. I appoint the following beneficiaries to receive any amounts payable from the plan, in the event of my death:

My spouse* or cohabiting partner*, as identified above; and/or

Name(s)	Relationship(s)	Share of Proceeds
_____	_____	_____%
_____	_____	_____%

Unless specified otherwise, proceeds will be divided equally among all beneficiaries.

If you are designating a beneficiary who is a minor, please designate a trustee. By completing this section, you revoke any previous trustee designations.

I hereby designate _____, _____, to receive and distribute
Name of Trustee Relationship to You
any monies payable to _____ during minority.
Name of Beneficiary Who is a Minor

I reserve the right to revoke the designation of my beneficiary. I acknowledge that all designations remain in effect until they are revoked in writing, by me and received by my employer or pension plan administrator.

Signature of Member

Signature of Witness

Date Day/Month/Year

Name of Witness (Please Print)

* Spouse or Cohabiting Partner as defined on the next page of this form.

DEFINITIONS UNDER NEWFOUNDLAND AND LABRADOR PENSION BENEFITS ACT

Spouse means a person who,

- (i) is married to the Member or former Member;
- (ii) is married to the Member or former Member by a marriage that is voidable but has not been voided by a judgement of nullity; or
- (iii) has gone through a form of marriage with the Member or former Member in good faith that is void, and is cohabiting or has cohabited with the Member or former Member within the preceding year.

Cohabiting Partner means,

- (i) where the Member or former Member has a Spouse, a person who is not the Spouse and who has cohabited continuously with the Member or former Member in a conjugal relationship for a period of not less than three years; or
- (ii) where the Member or former Member does not have a Spouse, a person who has cohabited continuously with the Member or former Member in a conjugal relationship for a period of not less than one year; and is cohabiting or has cohabited with the Member or former Member within the preceding year.

Where a Member or former Member has both a Spouse and a Cohabiting Partner within the meanings set out above, the Cohabiting Partner has priority for purposes of pension plan benefits.

To Employee: Please return this form duly signed to your Employer

To Employer: Please send a copy to: **Mercer (Canada) Limited**
1801 Hollis Street, Suite 1300
Halifax, Nova Scotia B3J 3N4