

# Miscellaneous changes



1245 Sherbrooke St. W.  
 Montréal, QC H3G 1G3  
 Tel.: 1-800-242-1704  
 Fax: 1-866-499-4480

**I wish to change my**

- Language of correspondence
- Name
- Marital status (Registered Pension Plans only)
- Social Insurance Number
- Date of birth
- Contribution rate and/or spousal split (RRSP & Structured RRSP only)
- Address and phone number
- Designated beneficiary
- Trustee appointment (provinces other than Québec)
- I wish to make another type of change

All changes made to the province of employment with respect to pension plans should be completed by the group administrator/sponsor.

This form is applicable to:

- All plans
- DPSP
- EPSP
- FLEX
- LIRA
- LI-RRSP
- MSMPPP
- NOREG
- QSPP
- RPP
- RRSP
- RRSPS
- Structured RRSP
- TFSA
- Other (specify):  
 \_\_\_\_\_

**Section 1 – Client/member information**

Client no. RS	Subgroup no.	Certificate no.
Client name		
Subgroup name		
Member's last name	First name	Initials
Social Insurance Number		

**Section 2 – Change request**

**Part A - Language of correspondence**

English       Français

**Part B - Name change**

From	To
Signature (former name)	
This name change results from:	
<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce
<input type="checkbox"/> Separation	<input type="checkbox"/> Other: _____

*Note: Please submit supporting documents for all name changes except for marriage outside of Québec. If you wish to change your beneficiary designation, remember to complete Part H – Change of designated beneficiary.*

**Part C - Revised marital status (Registered Pension Plans only)**

Marriage       Divorce       Separation       Other: \_\_\_\_\_

Spouse's last name	First name	Initials	Date of birth (YYYY/MM/DD)
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*Note: Please submit supporting documents for all name changes except for marriage outside of Québec.*

**Part D - Social Insurance Number**

**Part E - Date of birth (YYYY/MM/DD)**

**Part F - Change of contribution rate and/or spousal split (Employee to complete for RRSP or Structured RRSP only)**

Effective on (YYYY/MM/DD)

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Please deduct \$ \_\_\_\_\_ or \_\_\_\_\_ % from each pay, to be invested in this plan.

Please allocate \_\_\_\_\_ % of my  employee  employer  voluntary contribution to the spousal account.

I wish to cancel my spousal contribution

**Part G - Address**

Home address (no., street, apt.)		City	
Province	Postal code	Home telephone	Business telephone

Please return this form to The Standard Life Assurance Company of Canada (see address above).

**Part H - Change of designated beneficiary (Standard Life requires the original request)**

- |   |   |
|---|---|
| <input type="checkbox"/> All plans  | <input type="checkbox"/> QSPP (Québec Simplified Pension Plan)  |
| <input type="checkbox"/> DPSP (Deferred Profit Sharing Plan)                      | <input type="checkbox"/> RPP (Registered Pension Plan)  |
| <input type="checkbox"/> EPSP (Employee Profit Sharing Plan)                      | <input type="checkbox"/> RRSP (Registered Retirement Savings Plan)<br><i>all accounts - to be completed by account owner</i>                    |
| <input type="checkbox"/> FLEX (Flexible Pension Plan)                             | <input type="checkbox"/> RRSPS (Spousal Registered Retirement Savings Plan)   |
| <input type="checkbox"/> LIRA (Locked-In Retirement Account)                      | <input type="checkbox"/> Structured RRSP (Structured Registered Retirement Savings Plan) <i>all accounts – to be completed by account owner</i> |
| <input type="checkbox"/> LI-RRSP (Locked-In Registered Retirement Savings Plan)   | <input type="checkbox"/> TFSA (Tax-Free Savings Account)  |
| <input type="checkbox"/> MSMPPP (Manitoba Simplified Money Purchase Pension Plan) | <input type="checkbox"/> Other (specify): _____   |
| <input type="checkbox"/> NOREG (Non-Registered Savings Plan)                      |   |

**Note:** In accordance with the terms and conditions of the above said plan(s), I revoke all of my previous revocable beneficiary designations. I hereby designate, as beneficiary entitled to receive the proceeds arising under the said plan(s) by reason of my death as they become due.

**Beneficiary information**

In the event of my death, I designate the following person(s) to be the beneficiary(ies) of any amount due under my plan on or after my death in accordance with the terms of the plan in which I have an interest:

my estate or  the following beneficiary(ies)

Primary beneficiaries Must equal 100%

Last name	First name	Date of birth	Relationship	Entitlement %

Contingent beneficiaries Must equal 100%

Last name	First name	Date of birth	Relationship	Entitlement %

If your designated beneficiary dies before you, we will pay the benefits from your plan to any surviving beneficiary or, if none, to your estate. Any beneficiary designation, including that of your spouse, is revocable.

**Appointment of trustee (for provinces other than Québec)**

In the event my beneficiary is a minor at the time the death benefit is payable, I appoint the following person as trustee to receive such funds on behalf of the beneficiary, to hold these funds until my beneficiary attains the majority age and to give a valid discharge to Standard Life in Canada for such payment:

Last name		First name		Initials
Home address (no., street, apt.)				City
Province	Postal code	Home telephone	Business telephone	
Employee/member signature				

Nomination is valid if it is in accordance with the applicable legislation.

**Complete if beneficiary is your spouse (for Québec applicants only)**

In Québec, the designation of your legally married spouse or civil union spouse as beneficiary is irrevocable, unless otherwise specified as provided for below. If you name your spouse, a revocable designation will facilitate any future request for a change of beneficiary. An irrevocable designation cannot be changed unless the beneficiary signs a waiver of rights.

My beneficiary designation is REVOCABLE    OR    My beneficiary designation is IRREVOCABLE

Employee/member signature	Employee/member signature
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**Part I - Other changes**


**Section 3 – Signature**

I understand that the personal information you collect will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan. I certify that the information given is true, correct and complete, to the best of my knowledge.

Employee/member signature (mandatory)	Print name	Date (YYYY/MM/DD)
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**Section 4 – For use by group program administrator/sponsor**

Province of employment	Effective date of change (YYYY/MM/DD)
Signature	Date (YYYY/MM/DD)