

Retirement Death Benefit Certificate Request

! When the form is completed and signed by you and a witness, return the original form to your Human Resources Branch.

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

1 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): _____ / _____ / _____
 Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Email Address: _____ Phone Number(s): _____
 Was the employee on a Group Life Premium Waiver immediately prior to retirement? Yes No

Employer Information

Employer Name: _____ Division Number: _____
 Email Address: _____ Phone Number(s): _____
 _____ / _____ / _____
 Employer Signature _____ Signature Name (please print) _____ Date (dd/mm/yyyy) _____

2 To be completed by the Employee (Please Print) - see information on reverse

Beneficiaries

Full Name	Relationship	Portion	Birthdate (dd/mm/yyyy)
			/ /
			/ /
			/ /
			/ /

Employee Signature _____ Date (dd/mm/yyyy) _____ / _____ / _____
 Witness Signature _____
 Witness Name (please print) _____

3 To be completed by the Policyholder

Authorized Signature _____ Date (dd/mm/yyyy) _____

 Checked by _____

Retirement Death Benefit Certificate

Insured employees who retire under an employer sponsored pension plan are eligible to receive 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 Certificate 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.