



The Public Service Pensions Plan

Designated Beneficiary Election Form

(Section 19 of the Public Service Pensions Law, 2017 Revision)

This form should be used to specify your Designated Beneficiary under the Public Service Pensions Plan. You may choose any person or persons as your Designated Beneficiary, who may receive a lump sum in certain circumstances on your death as specified in sections 43, 60, 62, 63 and 65 of the Law and the regulations. Your spouse and dependent children will receive pensions from the Plan on your death regardless of any election you make on this form.

In the event that a beneficiary is not designated, benefits will be paid to your Estate. You are permitted to change your designated beneficiary at any time (section 19 (2)).

Please print clearly on the lines below:

First Designated Beneficiary's Name:	First:	_____
	Middle:	_____
	Last:	_____
	Salutation:	Mr / Mrs / Miss / Other _____
First Beneficiary's Benefit Allocation Percentage:		_____ %
First Beneficiary's Address:	PO Box & Postal Code:	_____
	Street Address:	_____
	District:	_____
	Island:	_____
	Telephone No.:	_____
	Date of Birth:	_____
	Relationship:	_____
Second Designated Beneficiary's Name:	First:	_____
	Middle:	_____
	Last:	_____
	Salutation:	Mr / Mrs / Miss / Other _____
Second Beneficiary's Benefit Allocation Percentage:		_____ %
Second Beneficiary's Address:	PO Box & Postal Code:	_____
	Street Address:	_____
	District:	_____
	Island:	_____
	Telephone No.:	_____
	Date of Birth:	_____
	Relationship:	_____

Third Designated Beneficiary's Name:	First:	_____
	Middle:	_____
	Last:	_____
	Salutation:	Mr / Mrs / Miss / Other _____
Third Beneficiary's Benefit Allocation Percentage:		_____ %
Third Beneficiary's Address:	PO Box & Postal Code:	_____
	Street Address:	_____
	District:	_____
	Island:	_____
	Telephone No.:	_____
	Date of Birth:	_____
	Relationship:	_____

Fourth Designated Beneficiary's Name:	First:	_____
	Middle:	_____
	Last:	_____
	Salutation:	Mr / Mrs / Miss / Other _____
Fourth Beneficiary's Benefit Allocation Percentage:		_____ %
Fourth Beneficiary's Address:	PO Box & Postal Code:	_____
	Street Address:	_____
	District:	_____
	Island:	_____
	Telephone No.:	_____
	Date of Birth:	_____
	Relationship:	_____

I understand that this election supersedes any other Designated Beneficiary elections that I may have made in the past and that it will not affect any pensions payable to my spouse or dependent children:

Participant's Name (Please Print) _____

Signature: _____ Date: _____

Telephone No.: _____

Email address: _____

(* Please note: If participant's designated beneficiary precedes him/her in death and there is no new designated beneficiary, amount payable under this section shall be paid to the participant's estate.)