



# HOOPP

## Pensioner Beneficiary Designation Form

Date Received (for HOOPP use only)

January 2008

**Purpose of this form:** This form will be used to determine the non-spouse beneficiary eligibility for death benefits payable from the Hospitals of Ontario Pension Plan (HOOPP). If there is not enough space to list all of your eligible beneficiaries, attach a page with the information. Please note that each time you submit a valid Beneficiary Designation Form, all of your past designations are cancelled.

**Important note:** You cannot use this form to add a post-retirement spouse. Instead, please complete a Post-Retirement Spousal Benefits Application. Certain conditions apply.

Print clearly using black ink. See the Instructions Page for further details on how to complete this form. If this form is not completed properly, your intended beneficiaries may not receive the death benefits payable.

### 1 PENSIONER INFORMATION *(Please complete this section.)*

Name:  Miss  Mrs.  Ms.  
 Mr.  Sister  Dr. (last name) (first name) (middle initial)  
Social insurance number (SIN): ..... • ..... • Contact Tel: .....

### 2 NON-SPOUSE BENEFICIARY DESIGNATION *(See Instructions Page. Only a pensioner can change a non-spouse beneficiary. A person with power of attorney for a pensioner cannot make a beneficiary change.)*

| Name (last, first, middle) or Organization | Relationship of beneficiary to pensioner (i.e., child, friend, estate) | Social Insurance Number (optional) | Percentage of benefit to be received | Mailing Address – Provide for each beneficiary | Date of birth (mm/dd/yr) |
|--|--|------------------------------------|--------------------------------------|--|--------------------------|
|  |  |                                    |                                      |  |                          |
|  |  |                                    |                                      |  |                          |
|  |  |                                    |                                      |  |                          |
|  |  |                                    |                                      |  |                          |

### 3 AUTHORIZATION OF CHANGES *(Please complete this section)*

I hereby revoke any previous designation(s) made by me and I designate the person(s) named in this form as the person(s) entitled to the receipt of certain benefit payments from HOOPP.

I hereby declare that the information I have provided in this form is true and accurate.

I acknowledge that personal information on this form is being collected, used and maintained in order for HOOPP to provide full pension services. I understand that my personal information may be disclosed to third parties, under contract with HOOPP, to complete these services.

I also understand that the information provided in this form will not be used for any purpose other than administering my pension benefits.

Signature: ..... Date: .....  
Month Day Year

SEND ORIGINAL TO HOOPP  MAKE ONE COPY FOR YOUR FILES

HOOPP, 1 Toronto Street, Suite 1400, Toronto ON M5C 3B2 Tel: 416-369-9212

# INSTRUCTIONS

The following instructions are designed to help you complete the Pensioner Beneficiary Designation Form for the Hospitals of Ontario Pension Plan (HOOPP).

**Important Reminder:** this form can only be used to name a non-spouse beneficiary. The spouse you had at retirement is by law first in line for benefits payable upon your death unless a waiver was signed and received by HOOPP prior to the commencement of your pension. If that spouse has died, you can name a new spouse by using a Post-Retirement Spousal Benefits Application. Certain conditions apply.

## 1. PENSIONER INFORMATION

- Please print your name and social insurance number and provide a contact telephone number.

## 2. NON-SPOUSE BENEFICIARY INFORMATION

- This beneficiary (or beneficiaries, if you name more than one) will receive any benefits payable after you (and if applicable, your qualifying spouse) have died.
- Provide full name of each beneficiary. If beneficiary is organization, include name of organization.
- If you designate your estate as the non-spouse beneficiary you may wish to obtain independent legal advice to assist with your estate planning to ensure your wishes are appropriately established.
- If any of your beneficiaries are individuals, indicate their relationship to you in the space provided.
- SIN for your beneficiary is optional; however, HOOPP will require your beneficiary's SIN in the future. SIN is not required for an organization.
- If you name more than one non-spouse beneficiary, you can specify what percentage of any benefit payable each beneficiary is to receive in the space provided. If you don't specify a percentage, any benefits payable on your death will be divided equally among all surviving beneficiaries you name. For example, you could leave 75 per cent of any benefit to a daughter, and 25 per cent to a granddaughter.
- If you are naming a minor as a non-spouse beneficiary, you may want to obtain legal advice before proceeding.
- Provide date of birth for each beneficiary that is an individual.
- Upon receiving this completed form, HOOPP will process your changes.

## 3. AUTHORIZATION OF CHANGES

- By signing the declaration, you agree to provide HOOPP with the information it needs to administer your pension benefits.
- As well, you acknowledge HOOPP's rules for the privacy of personal information.