

Fill out this form to identify your spouse if you have one and designate your beneficiary(ies) for TTC Pension Plan (TTCPP). Enter your information by typing it into the text boxes. Please ensure the information you provide is complete and accurate. To sign this form digitally, just click on the signature text box and follow the instructions. You can also print this form, fill it in by hand and mail it to us.

Section 1: Member Information

First Name	Last Name/Family Name	Employee or Pensioner No.
Address	Apartment, Suite, etc.	
City	Province	Postal Code
Telephone Number	Email (Home/Personal)	

Section 2: Spousal Information

TTCPP Bylaws, at the date a determination of spousal status is required, define an eligible spouse as a person

- (a) to whom a member is married, providing that the member is not living separate and apart from that person
- (b) with whom the member is living together in a conjugal relationship:
 - i. continuously for a period of not less than three years, or
 - ii. in a relationship of some permanence, if the member and their spouse are the parents of a child, as set out in section 4 of the *Children's Law Reform Act*.

Please select one option:

I do not have a spouse

I have a spouse

If you indicated that you have a spouse, please provide their information:

First Name	Last Name/Family Name	Date of Birth (mm/dd/yyyy)
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If your spouse is common law, please indicate the date you started living together (if not common law, please go to Section 3):
Start of Cohabitation (mm/dd/yyyy)

Are you and your common-law spouse the parents of a child?

Yes

No

If you and your spouse are living separately, your spouse will not be entitled to a spousal designation for survivorship, but you can name them as a beneficiary in the next section.

Section 3: Beneficiary Designation

If you have indicated you have an eligible spouse in Section 2, under the *Pension Benefits Act*, your eligible spouse is entitled to a survivor benefit on the date of your death. If you don't have an eligible spouse or your eligible spouse has waived their right to the survivor benefit, the benefit will be paid to the beneficiary(ies) you designate below in the percentages you indicate.

By completing this section, you are cancelling and replacing all previous beneficiary designations that you have made.

Full Name	Relationship to Member	Date of Birth (mm/dd/yyyy)	Percent (%) of Benefit* Must total 100%

Section 4: Consent

I certify that the information I have provided in this form is true and accurate. I understand that all designations and any benefits payable to my spouse or beneficiaries are subject to TTC Pension Plan (TTCPP) Bylaws. To change or cancel these designations, I understand that I will need to complete a new *Beneficiary Designation* form and send it to TTCPP.

I acknowledge that the personal information that I provide in this form will be collected and used by TTCPP to administer my TTCPP benefits. I agree to receive electronic communications from TTCPP[†] about any changes to the Plan as well as general news, invitations and other information at my email address provided above. I understand these communications will not contain confidential information. I understand that if I do not wish to receive communications by email, I will notify TTCPP at membercare@ttcpp.ca.

Signature

Date (mm/dd/yyyy)

* If you designate more than one beneficiary, please include the percentage each is to receive to total 100%. If the total percentage does not equal 100%, we will ask you to send us a new form. If you designate more than one beneficiary and the percentage column is not filled in, any benefit will be divided equally among your beneficiaries. If any one beneficiary passes away, their share will be payable to the remaining beneficiary(ies). If all beneficiaries pass away before you, the benefit will be paid to your estate. Please consult a lawyer before designating a beneficiary who is a minor or who does not have legal capacity to deal with their affairs, since a trustee or guardian will need to be appointed in these cases.

[†] Toronto Transit Commission Pension Fund Society complies with the regulations set out in the *Pension Benefits Act*, which permits sending some information electronically with your consent.

Section 4: Send Us Your Completed Form

By Email

If you have digitally filled in the form, or filled it in by hand and scanned it, you can use email to send it.

1. Use the button below to send your email.
Your email should be addressed to membercare@ttcpp.ca, with the subject line "Beneficiary Designation."
2. Ensure your form is complete and accurate before attaching it to the email.
3. Send your email. You will receive a confirmation of receipt from TTCPP in the secure email account within 48 hours.

Send email

By Fax

Alternatively, you can fax your completed form to TTC Pension Plan at 416-338-0122.

By Mail

If you prefer, you can mail the form to the address below. Please ensure your application is complete and accurate before sealing the envelope.

TTC Pension Plan

2 Bloor Street East, Suite 1901
PO Box 79
Toronto, Ontario M4W 1A8

Frequently Asked Questions

How do I know if I should use this form?

Use this form if any of these statements apply:

- I am an active or deferred TTCPP member and want to designate my beneficiary(ies) for the first time
- I am an active or deferred TTCPP member and want to change the names of my beneficiary(ies)
- I am a retired TTCPP member and I was single when I retired. At that time, I chose a guarantee period for my pension, and now I want to designate my beneficiary(ies)

How do I know if I should not use this form?

Do not use this form if any of these statements apply:

- I am a new employee of TTC, ATU Local 113, or TTCPP and have not yet completed six months of continuous service
- I am a retired TTCPP member and I had an eligible spouse when I retired. At that time, I chose a joint and survivorship pension and am not permitted to change my beneficiary(ies) now.

Contact Us

If you have any questions or comments, please contact us using one of these methods:

Email

membercare@ttcpp.ca

Toll-Free Phone

1-800-663-6820

Fax

416-338-0122

Mail

TTC Pension Plan
2 Bloor Street East, Suite 1901
PO Box 79
Toronto, Ontario M4W 1A8

Website

ttcpp.ca