

3. Pension Partner Information

Complete the following if you have a pension partner or if there has been a change to your pension partner's information.

_____	_____	_____
pension partner's first name	pension partner's middle name	pension partner's last name
_ _ _ _ _ _ _	_____	Please check one:
pension partner's date of birth (YYYY/MM/DD)	marital status (married/common law)	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

My pension partner's address is the same as mine (please check one).

- YES** → If your answer is YES, please skip to the next section (member authorization).
- NO** → If your answer is NO, please fill out your pension partner's address information in the space below.

_____	_____	
pension partner's address	address effective date (YYYY/MM/DD)	
_____	_ _ _ _ _ _ _	
city, town, village	province	postal code

4. Member Authorization

I understand that if I have a pension partner, he or she is automatically the sole beneficiary of my pension death benefit. I may complete a *Designation of Beneficiary(ies) Form (2)* to name a beneficiary or beneficiaries in the event my pension partner dies before me, ceases to be my pension partner or has signed a *Pension Partner Waiver of Pre-Pension Commencement Death Benefit Form (40)*.

The information on this form is, to the best of my knowledge and belief, complete and accurate.

_____	This is an official record that must be signed and dated to be valid. Keep a copy of the completed form and mail the original to: PSPP c/o APS 5103 Windermere Blvd. SW Edmonton, AB T6W 0S9 Fax: 780-421-1652
member's name (please print)	
_____	_____
member's signature	date (YYYY/MM/DD)

Alberta Pensions Services Corporation (APS) proudly serves PSPP and provides responsive and focused member service on behalf of the Plan. If you have questions, please contact PSPP's Member Services Centre at 1-877-453-1PSP (1777).