

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	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
pension partner's date of birth (YYYY/MM/DD)	marital status (married/common law)	if married, date of marriage	

Your pension partner's **date of birth** needs to be verified in our system.

Please provide a legible photocopy of **one** of the following documents:

- Birth Certificate
- Baptismal papers
- Adoption papers
- Canadian registration of birth
- Canadian passport
- Canadian citizenship papers
- Certificate of Indian Status (status card)
- Canadian driver's license
- Alberta identification card

OR

Please provide a legible photocopy of **two** of the following documents:

- Marriage records
- School records
- Military records
- Foreign passport
- Age of Majority card
- Statutory declaration
- Canadian immigration papers

If **married**, please provide a copy of your Marriage Certificate

If your pension partner's address is different from yours please provide their address below:

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

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 to be valid. Mailing and fax information is at the top of page 1. Keep a copy of the completed form for your records. If you have questions please contact the Member Services Centre, toll free at 1-877-649-5277

member's name (please print)	
member's signature	date (YYYY/MM/DD)