

Supplementary Retirement Plan Beneficiary Designation Form

Please complete this form to designate your beneficiary for the Academic Supplementary Retirement Plan (ASRP) or Executive Defined Contribution Supplemental Retirement Plan (EDCSR). In the absence of a designation of beneficiary form being on file, your supplemental retirement plan benefits will be paid to your Estate.

For assistance with this form, please contact the [Staff Service Centre](#) or call 780-492-8000.

Retain a copy of the completed form for your records and submit the original form to the Staff Service Centre

Member Information

Employee Name _____ Employee ID _____

Beneficiary Information

Full Name of Beneficiary	Relationship	Percentage*

*Percentages must total 100%. If not otherwise stated, amounts will be split equally between all beneficiaries.

Employee Authorization

Employee Signature _____ Date (yyyy/mm/dd) _____

The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. The information will be protected under Part 2 of the Act and will be used for the purpose of managing supplemental retirement plans. Direct any questions about this collection to the [Staff Service Centre](#)