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**What you need to know before completing this Form**

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**The retired member and his or her spouse must complete and sign this Waiver if:**

- the retired member has a defined contribution account in the pension plan identified in Part C of this Form;
- the retired member wishes to establish a variable benefit account within the same pension plan and transfer his or her defined contribution account balance to such variable benefit account; and
- the spouse consents to the establishment of this variable benefit account.

**By completing this Waiver**, the spouse is giving up the right to receive a survivor pension that would be payable under any future life annuity that may be purchased with funds transferred out of the variable benefit account by the retired member. However, this Waiver does not affect any entitlement the spouse may have to any balance of the variable benefit account on the death of the retired member.

Be advised that the retired member will have the right to **withdraw up to 50%** of the amount initially transferred to the retired member's variable benefit account, within 60 days of establishing the variable benefit account, **without the spouse's consent**.

If you both wish to complete this Waiver, then please read this document carefully and complete, sign and date, **in the presence of an adult witness who is neither the retired member or the spouse**, and have your witness(es) sign this Form.

**The completed and signed Waiver must be delivered to the plan administrator within the 60 days before the date the variable benefit account is established. A variable benefit account is established on the date that the defined contribution account balance is transferred into it.**

**Prior to completing this form, each party may wish to obtain independent legal and/or financial advice.**

**Part A – Spouse of the Retired Member Information****Spouse's Name**

Last Name	First Name	Middle Name(s)
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**Mailing Address**

Unit Number	Street Number	Street Name		
City/Town	Province/State	Postal Code/Zip Code	Country	
Contact Number	Email Address			

**Part B – Retired Member Information****Retired Member's Name**

Last Name	First Name	Middle Name(s)
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**Mailing Address**

Unit Number	Street Number	Street Name		
City/Town	Province/State	Postal Code/Zip Code	Country	
Contact Number	Email Address			

**Part C – Pension Plan Information**

Name of Pension Plan	Plan Registration Number
Plan Administrator	

## Waiver

We, the spouse identified in Part A of this Form and the retired member identified in Part B of this Form, certify that we are spouses within the meaning of the Pension Benefits Act. The retired member has a defined contribution account in the pension plan identified in Part C of this Form (the "Pension Plan"). The retired member wishes to transfer his or her account balance to a variable benefit account within the Pension Plan.

We understand that this Waiver must be signed by both of us in order to transfer the account balance to a variable benefit account.

**We also understand that by signing this Waiver, the spouse is giving up the right to a survivor pension in regard to the retired member's variable benefit account on the death of the retired member, as provided by section 44 of the Pension Benefits Act. This Waiver also applies should the retired member at any time purchase a life annuity with funds transferred out of his or her variable benefit account. However, we also understand that this Waiver does not affect any entitlement the spouse may have to any balance of the variable benefit account on the death of the retired member.**

**We hereby waive our right to a joint and survivor pension in regard to the retired member's variable benefit account as provided by section 44 of the Pension Benefits Act by each signing this Waiver in the presence of an adult witness.**

**This Waiver is not effective unless it is dated, signed and delivered to the administrator of the Pension Plan within the 60 days before the date the variable benefit account is established.**

Signature of Spouse of Retired Member	Signature of Witness	Date Signed (yyyy/mm/dd)
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Signature of Retired Member	Signature of Witness	Date Signed (yyyy/mm/dd)
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### Contact Information for Witness of Spouse's Signature

Last Name	First Name	Middle Name(s)
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### Address

Unit Number	Street Number	Street Name		
City/Town	Province/State	Postal Code/Zip Code	Country	

### Contact Information for Witness of Retired Member's Signature

Last Name	First Name	Middle Name(s)
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### Address

Unit Number	Street Number	Street Name		
City/Town	Province/State	Postal Code/Zip Code	Country	