

**PENSION PARTNER WAIVER OF PRE-PENSION  
COMMENCEMENT DEATH BENEFIT UNDER  
PENSION PLAN OR LIRA**

I, \_\_\_\_\_, am a “pension partner” (as  
described below) of \_\_\_\_\_,  
[name] [insert name of member/former member/original owner]

(in this waiver referred to as “the original plan member”) who, at the time of my signing this waiver, is alive and has not commenced to receive a pension.

The original plan member earned benefits under \_\_\_\_\_,  
[name of pension plan]  
a pension plan regulated in accordance with the *Employment Pension Plans Act and Regulation* (in this waiver referred to as “the legislation”).

The money representing those benefits\*

- remains in that pension plan (pension or retirement income payments not yet having commenced), or
- was transferred from that plan and is now in a LIRA.

[\* Please tick the box that applies to you.]

Being the original plan member’s “pension partner” means that

- (a) I am married to the original plan member and have not been living separate and apart from him or her for 3 or more consecutive years, or
- (b) if paragraph (a) above does not apply to me and there is no other person to whom paragraph (a) applies, I have been living with the original plan member in a conjugal relationship for a continuous period of at least 3 years or, if there is a child of our relationship by birth or adoption, of some permanence.

I understand that if I do not execute this waiver and the original plan member dies before any form of pension is or commences to be paid (which time is in this waiver referred to as “pension commencement”) and if I am a lawful pension partner of the deceased at his or her death, I am entitled to receive a pre-pension commencement death benefit under the legislation. That benefit,

- (a) if being paid from a pension plan, is the value of the benefit at death, and
- (b) if being paid from a LIRA, is the value of the LIRA account at death.

I understand that if I give up my pension partner right to receive any pre-pension commencement death benefit by signing this waiver, payment of that benefit will be made either to

- (a) a beneficiary (excluding myself) designated by the original plan member, or
- (b) the deceased’s estate.

Nevertheless, I give up my right to receive the pre-pension commencement death benefit payment otherwise required by the legislation.

This waiver does not affect any rights that I could have arising as a result of any breakdown or potential breakdown in the relationship between the original plan member and myself.

**I have chosen to sign this waiver and in so doing I give up my right to receive any pre-pension commencement death benefit payment and to any potential right that I may otherwise have under any designation of myself as beneficiary signed by the original plan member.**

### **Certification**

I certify that

- (a) I have read this waiver and understand it or the potential results of my signing it,
- (b) I have read the original plan member's most recent annual statement or a statement from the administrator/financial institution showing the balance in his or her account and know the approximate current value of the benefit I am giving up as a result of executing this waiver,
- (c) I am signing this waiver of my own free will,
- (d) the original plan member is not present while I am signing this waiver,
- (e) I have obtained independent advice about the implications of signing this waiver,
- (f) I realize that
  - (i) this waiver only gives a general description of the legal rights I have under the legislation, and
  - (ii) if I wish to understand exactly what my legal rights are, I must read the legislation applicable and, if necessary, consult a professional with pension expertise,and
- (g) I understand that I have the right to cancel this waiver at any time before the original plan member dies or is paid or commences to be paid the benefit.

Dated at \_\_\_\_\_ in the Province/Territory of \_\_\_\_\_ this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

[municipality]

[month]

[year]

\_\_\_\_\_  
[Signature of Waiving Pension Partner]

I, \_\_\_\_\_, of \_\_\_\_\_

[name of witness]

[address of witness]

do witness the signature of the pension partner who signed this waiver before me outside of the presence of the original plan member.

\_\_\_\_\_  
[Signature of Witness to Signature of Waiving Pension Partner]

\_\_\_\_\_  
[Print Full Name of Witness]