

**Form 4**

(section 31 (2))

**SPOUSE’S WAIVER OF PRERETIREMENT SURVIVOR BENEFIT**

1 I, ....., certify

that I am the “spouse” of, or the “surviving spouse” at the date of death of, (full name)

....., who is a member or former member of a pension plan regulated by the *Pension Benefits Standards Act* of British Columbia.

2 Being the “spouse” of the member or former member means that (check one, if applicable, or go on to paragraph 3.)

- I am married to the member or former member, or and have not been living separate and apart from that person for the preceding two years,
- I have been living with the member or former member, as husband and wife, for the preceding 2 years, or
- I am the same gender as, and have been living with, the member or former member in a marriage like relationship for the preceding 2 years.

3 Being the “surviving spouse” of the member or former member means that (check one, if applicable)

- I was married to the member or former member, and had not been living separate and apart from that person for the two years preceding the date of death,
- I had been living with the member or former member, as husband or wife, for the 2 years immediately preceding the date of death, or
- I am the same gender as, and had been living with, the member or former member in a marriage like relationship for the 2 years immediately preceding the date of death.

4 I understand that, in the absence of a waiver, I am entitled to receive a preretirement survivor benefit in the form of a pension by way of a deferred or immediate life annuity if my spouse dies before pension commencement.

5 I understand that I may waive my entitlement to receive any preretirement survivor benefits by signing and filing this form with the pension plan administrator, RRSP underwriter or life annuity or LIF contract issuing company, as the case may be, in which case this benefit will be paid by way of a lump sum payment to

- (a) the beneficiary designated by the member or former member where the designated beneficiary is a person other than myself, or
- (b) the personal representative of the member or former member’s estate in his or her representative capacity if there is no valid designation of beneficiary.

6 I certify that I am waiving my entitlements to receive the preretirement survivor benefit or a lump sum payment as the designated beneficiary and that

- (a) I have read this form and understand it,
- (b) neither my spouse nor anyone else has put any pressure on me to sign this form,
- (c) I realize that
  - (i) this form only gives a general description of the legal rights that I have under the *Pension Benefits Standards Act* and the regulations, and
  - (ii) if I wish to understand exactly what my legal rights are I must read the *Pension Benefits Standards Act* and the regulations, and/or seek legal advice, and
- (d) I realize that I am entitled to receive a copy of this form.

7 To waive my entitlements, I sign this waiver form at .....[city],

..... [province] , on .....[date]

.....  
Signature of Spouse or Surviving Spouse

.....  
.....  
.....

Address of Spouse or Surviving Spouse

(home telephone number): .....

(work telephone number): .....

**STATEMENT OF WITNESS**

I certify that

(a) My full name is .....

(b) My address is .....

(c) I witnessed this spouse or surviving spouse sign this waiver form.

.....[date]  
Signature of Witness

(home telephone number): .....

(work telephone number): .....

**COMMENTS AND INSTRUCTIONS**

This form must be completed where a spouse or surviving spouse wishes to waive his or her entitlement to a preretirement survivor benefit that is required under the *Pension Benefits Standards Act*. Where the form is filed before the death of the member or former member, the member or former member must provide the plan administrator or underwriter with the name of the designated beneficiary other than the spouse.

The form must be

- completed in its entirety,
- signed by the spouse or surviving spouse at any time before commencement of payment of a preretirement survivor benefit, and
- filed with the pension plan administrator, RRSP underwriter or life annuity or LIF contract issuing company, as the case may be.

For further information please contact the plan administrator, your employer, savings institution or insurance company holding the money, or the Pensions Department of the Financial Institutions Commission of British Columbia, 13450 102nd Avenue, Suite 1200, Surrey, BC V3T 5X3; telephone: 604 953-5300, fax: 604 953-5301.



Administration Office  
45 McIntosh Drive  
Markham, Ontario  
L3R 8C7

Telephone Toronto Area: (905) 946-2530 Toll Free: 1-800-668-7547 Fax (905) 946-2535 E-mail: ebps@mcateer.ca

**BOILERMAKERS' NATIONAL PENSION PLAN (CANADA)**

**REGISTRATION NUMBER 0366708**

**ALBERTA FINANCE AND ENTERPRISE REGISTRATION NUMBER 46433**

**Administration Office**

**45 McIntosh Drive**

**Markham, Ontario L3R 8C7**

**CERTIFICATE OF INDEPENDENT LEGAL ADVICE**

Plan Member's Name: \_\_\_\_\_

I, \_\_\_\_\_ [insert your name] am the Spouse of the Plan Member named above. I understand that, under the terms of applicable pension legislation, I am entitled to a joint and survivor pension from the Boilermakers' National Pension Plan (Canada) (the "Pension Plan"). I have chosen my own Legal Counsel and that person or firm is named below. This entitlement has been explained to me by my Legal Counsel. I understand that, if I am waiving my entitlement which has been explained to me by my Legal Counsel, I must complete a waiver of joint and survivor pension (the "Waiver Document") prescribed by pension legislation. I understand that the Waiver Document will be filed with the Pension Plan. I understand that, once the Waiver Document has been filed with the Pension Plan, the Pension Plan will commence a pension payable to the Plan Member named above based on the documents filed with the Pension Plan, including the Waiver Document, if any.

I hereby acknowledge that all of the statements made in this Certificate of Independent Legal Advice are true and that the Legal Counsel named below was consulted by me as my personal legal counsel and in my interest only.

Signature of Spouse of the Plan Member: \_\_\_\_\_

Name and Address of Independent Legal Counsel: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Certificate of Independent Legal Advice must be filed with the Pension Plan prior to the commencement of any pension from the Pension Plan.

