

### COMMENTS AND INSTRUCTIONS

This form must be completed when a spouse or common-law partner wishes to waive his or her entitlement to survivor or death benefit payable from:

- a pension plan,
- Locked-In Retirement Account (LIRA), or
- Life Income Fund (LIF).

**Prior to completing this form, the spouse or common-law partner should consider obtaining independent legal advice concerning his or her individual rights and the effect of this waiver as well as qualified financial advice about the financial consequences.**

This form must be:

- completed in its entirety;
- signed by the spouse or common-law partner, and witnessed while the member-owner is not present;
- filed with the administrator;
- used for benefits earned under a pension plans subject to *The Pension Benefits Act* of Manitoba and Regulation; and
- before money is transferred to another vehicle permitted under the Regulation, provided to the administrator of the vehicle receiving the money.

For further information please contact the administrator.

### Definitions

#### **Administrator**

Means in relation to a pension plan, the person or body of persons responsible for administering the plan, and in relation to a LIRA or LIF, the financial institution responsible for administering the plan or fund.

#### **Common-law partner of a member or member-owner means**

(a) a person who, with the member or former member, registered a common-law relationship under section 13.1 of *The Vital Statistics Act*, or

(b) a person who, not being married to the member or former member, cohabited with him or her in a conjugal relationship

(i) for a period of at least three years, if either of them is married, or

(ii) for a period of at least one year, if neither of them is married.

#### **Member**

Means an employee or former employee who is accruing or entitled to a pension under a pension plan, but is not yet retired and receiving a pension under the plan.

#### **Member-owner**

Means the individual identified in the LIRA or LIF contract as the annuitant and who as a former member of a pension plan transferred a pension benefit credit directly or indirectly to that LIRA or LIF.

#### **Spouse**

Where used in relation to another spouse means the person who is married to that other spouse, and "spouses" mean two persons who are married to each other.



**FORM 2**  
**WAIVER OF SURVIVOR OR DEATH BENEFIT**

*The Pension Benefits Act, Section 21(26.3), Pension Benefits Regulation, Section 3.37 of Part 3, Section 6.5 of Part 6, Section 10.2 of Division 1, and Sections 10.25 and 10.40 of Division 2 of Part 10*

I, \_\_\_\_\_, am the spouse or common-law partner  
(as described above) of \_\_\_\_\_.  
(name of member or member-owner)

The member or member-owner earned benefits under a pension plan subject to *The Pension Benefits Act* of Manitoba (Act) and regulation, and was employed in Manitoba on the day he or she ceased to be an active member of the plan.

I understand that under the Act

- if the member or member-owner dies before his or her pension commences, I am entitled to receive a survivor or death benefit if I am not living separate and apart from the member or member-owner at that time;
- if I choose to sign this waiver, I will not be entitled to any survivor or death benefit required by the Act and the death benefit will instead be paid to the member or owner's designated beneficiary or estate;
- this waiver does not affect any entitlement that I have as a result of a breakdown of my marriage or common-law relationship with the member or member-owner; and
- this waiver may be revoked before the death of the member or member-owner by filing with the administrator a written revocation signed by the member or member-owner and me.

I certify that

- I have read this waiver and understand it;
- I have read one of the following:
  - the member's most recent annual statement from the administrator;
  - the member's termination statement from the administrator, or
  - the member-owner's statement from the administrator setting out the LIRA or LIF account balance

and know the value of the pension or the account balance as of the date of the statement;

- I am aware of the consequences of waiving the entitlement, and despite the consequences, I waive my entitlement to the survivor or death benefit;
- I am not living separate and apart from the member or member-owner by reason of a breakdown of our relationship;
- the member or owner is not present while I am signing this form;

- I am signing this form of my own free will without duress, coercion or compulsion of any kind;
- I understand that this waiver may be revoked before the member or member-owner dies by filing with the administrator a written revocation signed by the member or member-owner and me; and
- I realize that:
  - this form only gives a general description of the legal rights I have under the Act and the regulation, and
  - if I wish to understand exactly what my legal rights are, I must read the Act and the regulation and seek legal advice.

I hereby waive my entitlement to a survivor or death benefit by signing this form in the presence of a witness.

I sign this form at

\_\_\_\_\_ (city/town) \_\_\_\_\_ (province/territory/state) \_\_\_\_\_ (country)

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(signature of spouse or common-law partner)

I, \_\_\_\_\_, of \_\_\_\_\_  
(print name of witness)

\_\_\_\_\_  
(print address of witness)

do witness the signature of the spouse or common-law partner who signed this form before me outside of the presence of the member or owner.

\_\_\_\_\_  
(signature of witness)

**Reference:**

*The Pension Benefits Act*, Section 21(26.3)  
*Pension Benefits Regulation*, Section 3.37 of Part 3, Section 6.5 of Part 6, Section 10.2 of Division 1, and Sections 10.25 and 10.40 of Division 2 of Part 10



Administration Office  
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**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.

