

**FORM 3.02**

**SPOUSAL WAIVER (GENERAL) -  
LIRA, LIF, ANNUITY**

*(General Regulation - Pension Benefits Act, ss. 21(2)(c))*

\*TO: \_\_\_\_\_,  
(name of financial institution)

financial institution that acts as a trustee for the locked-in retirement account (LIRA), life income fund (LIF) or annuity.

I, \_\_\_\_\_,  
(full name)

am the spouse of \_\_\_\_\_,  
(full name)

who is the member or former member of a pension plan regulated by the *Pension Benefits Act* or owner of a LIRA or LIF, or who is the prospective purchaser of an annuity.

1. I acknowledge that I waive any right I have in the pension fund, LIRA, LIF or prospective annuity, as the case may be, under the *Pension Benefits Act* or its regulations.

2. I hereby acknowledge that I have read the contents of this waiver form, sign it freely and voluntarily and understand the consequences of signing it.

Declared before me \_\_\_\_\_ at \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of declarant

\* A Notary Public in \_\_\_\_\_ or A Commissioner of Oaths\* being a solicitor/\*My commission expires \_\_\_\_\_  
and for the \_\_\_\_\_  
of \_\_\_\_\_

(Seal)

**FORMULE 3.02**

**RENONCIATION DU CONJOINT (GÉNÉRAL)  
CRI, FRV OU RENTE**

*(Règlement général - Loi sur les prestations de pension, art.21(2)c)*

\*DESTINATAIRE : \_\_\_\_\_,  
(nom de l'institution financière)

institution financière qui agit à titre de fiduciaire pour un compte de retraite immobilisé (CRI), un fonds de revenu viager (FRV) ou une rente.

Je, soussigné(e), \_\_\_\_\_,  
(nom au complet)

suis le conjoint de \_\_\_\_\_,  
(nom au complet)

qui est un participant ou ancien participant, au régime de pension régi par la *Loi sur les prestations de pension* ou le propriétaire d'un CRI, FRV ou l'acheteur éventuel d'une rente.

1. Je reconnais renoncer à tout droit que j'ai dans le fonds de pension, CRI, FRV ou rente, le cas échéant, en vertu de la *Loi sur les prestations de pension*, ses règlements ou en vertu du régime de pension.

2. Par les présentes, je reconnais avoir lu le contenu de la présente formule de renonciation, que je l'ai signée librement et volontairement et que je comprends les conséquences de ma signature.

Déclaré(e) devant moi \_\_\_\_\_ à \_\_\_\_\_  
le \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
signature du déclarant

\* Notaire dans et pour \_\_\_\_\_ ou Commissaire aux serments\* en ma qualité de \_\_\_\_\_  
la \_\_\_\_\_  
de \_\_\_\_\_  
d'avocat/\*Ma commission expire le \_\_\_\_\_

(Sceau)

\*THIS WAIVER MUST BE TAKEN BY A NOTARY PUBLIC IF DECLARED OUTSIDE NEW BRUNSWICK.

NOTE:

(a) This waiver is not valid unless it is signed and delivered to financial institution that acts as trustee for the locked-in retirement account, life income fund or annuity. This waiver must be delivered to the financial institution before the owner signs a contract under which an annuity is purchased.

(b) This waiver may be revoked by the spouse communicating such revocation to the financial institution at any time prior to payment under the LIRA or LIF or before the owner signs the contract under which an annuity is purchased, as the case may be.

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\*DOIT ÊTRE FAITE DEVANT UN NOTAIRE, SI LA DÉCLARATION EST FAITE À L'EXTÉRIEUR DU NOUVEAU-BRUNSWICK.

REMARQUE :

a) La présente renonciation n'est valide que si elle est signée et délivrée à l'institution financière qui agit à titre de fiduciaire pour le compte de retraite immobilisé, le fonds de revenu viager ou la rente, dans l'année précédant le paiement. Cette renonciation doit être délivrée à l'institution financière avant que le propriétaire ne signe le contrat d'achat d'une rente.

b) La présente renonciation peut être annulée par le conjoint, en tout temps avant le paiement en vertu d'un compte de retraite immobilisé ou du fonds de revenu viager ou avant que le propriétaire ne signe le contrat d'achat d'une rente en communiquant une telle révocation à l'institution financière.

2007-86



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Markham, Ontario  
L3R 8C7

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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.

