



Form 2.1
[Subsection 32(3)]

**SPOUSE’S WAIVER OF PRE-RETIREMENT SURVIVOR BENEFIT
PURSUANT TO CLAUSE 33(6)(a) OF THE PENSION BENEFITS ACT, 1992**

I, _____
(print or type full name of spouse)

certify that I am the spouse (within the meaning of clause 2(1)(ff) of *The Pension Benefits Act, 1992*) of

(print or type full name of member or former member)

(hereinafter called “the member”) who is a member or former member of a registered pension plan that is subject to the provisions of *The Pension Benefits Act, 1992*.

1. I understand that, in the absence of this waiver, on the death of the member, I am entitled to a pre-retirement survivor benefit payable as either a lump sum payment or in the form of a deferred or immediate pension.
2. I understand and declare that, by signing this waiver I am giving up my entitlement, on the death of the member, to any pre-retirement death benefit payable pursuant to Section 33 of *The Pension Benefits Act, 1992*.
3. I understand that by signing this waiver:
 - (a) I will not be paid any pre-retirement death benefit pursuant to Section 33 of *The Pension Benefits Act, 1992*; and
 - (b) the payment of any pre-retirement death benefit pursuant to Section 33 of *The Pension Benefits Act, 1992*, will be made to either:
 - (i) a beneficiary designated by the member; or
 - (ii) the estate of the member if there is no validly designated beneficiary.
4. I certify that this waiver is being signed freely and voluntarily without any compulsion on the part of the member and outside the immediate presence of the member.
5. I understand that this waiver is not valid unless it is signed and witnessed before the date of the member’s death.
6. I understand that I may revoke this waiver at any time prior to the date of the member’s death by providing written notice to the administrator of the pension plan.

In witness whereof, I sign this waiver at _____

this _____ of _____ 20 _____ in the presence of _____

(print or type name of witness)

of _____
(address of witness)

(Signature of witness)

(Signature)

COMMENTS AND INSTRUCTIONS
FORM 2.1
SPOUSE'S WAIVER OF PRE-RETIREMENT SURVIVOR BENEFIT

This waiver must be completed by the spouse of a member or former of a pension plan that is subject to the provisions of *The Pension Benefits Act, 1992* (the *Act*), where the spouse wishes to waive entitlement to the pre-retirement survivor benefit provided under section 33 of the *Act*.

The pre-retirement survivor benefit provided under the *Act* ensures that, on the death of a member or former member, the surviving spouse will receive a survivor benefit. If the member or former member dies **before** meeting the early retirement rule provided under the pension plan, the value of the survivor benefit must be equal to the commuted value of the pension of the deceased individual. If the member or former member dies **after** meeting the early retirement rule provided under the pension plan, the value of the survivor benefit must be at least equal to the post-retirement benefit provided under Section 34 of the *Act*.

The pre-retirement survivor benefit may be paid to the surviving spouse as a lump sum payment or in the form of an immediate or deferred pension. The surviving spouse may also elect to transfer the survivor benefit in accordance with the portability options under Section 32(2) of the *Act*.

Under clause 2(1)(ff) of the *Act*, "spouse" means:

- (a) a person who is married to a member or former member; or
- (b) if a member or former member is not married, a person with whom the member or former member is cohabiting as spouses at the relevant time and who has been cohabiting continuously with the member or former member as his or her spouse for at least one year prior to the relevant time.

The spouse may waive entitlement to the pre-retirement survivor benefit by completing and signing *Form 2.1 – Spouse's Waiver of Pre-Retirement Survivor Benefit Pursuant to Clause 33(6)(a) of The Pension Benefits Act, 1992* prior to the date of the death of the member or former member. The waiver must be:

- completed in its entirety;
- signed outside of the immediate presence of the member or former member;
- signed by the spouse and witnessed prior to the date of the death of the member or former member;
- filed with the administrator of the pension plan.

The waiver may be revoked at any time prior to the date of the death of the member or former member by providing notice in writing to the administrator of the pension plan.

If at the date of death of a member or former member a valid waiver has been filed with the administrator of a pension plan the pre-retirement survivor benefit will be paid to:

- a designated beneficiary; or
- the estate of the member or former member, where there is no valid beneficiary.

We strongly urge the spouse to seek independent legal advice before signing this waiver.



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.

