

PENSION PARTNER WAIVER TO PERMIT
COMMUTATION DUE TO SHORTENED LIFE OR
TAKING NON-RESIDENCY STATUS

I, _____, am a “pension partner” (as
[name]

described below) of _____,
[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.

The original plan member earned benefits under _____,
[name of the 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, or

was transferred from that plan and is now in

a LIRA, or

a LIF

[* 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, as a pension partner of the original plan member, I am

- (a) if the original plan member dies before pension commencement, entitled to receive the amount then held for his or her benefit in the pension plan, or LIRA, as the case may be, unless I have previously given up that entitlement under the waiver in Form 3 in the

Employment Pension Plans Regulation,

- (b) if the original plan member dies after pension commencement, the beneficiary of a 60% joint life pension unless I have previously given up that entitlement under the waiver in Part 1 of Form 4 or Option 2 of Form 6 waiver (as applicable) in the *Employment Pension Plans Regulation*, and
- (c) even if I sign the Part 1 of the Form 4 waiver or the Option 2 waiver noted in paragraph (b) above, entitled to continue to be the beneficiary of any residual benefit from the pension plan, unless I also sign Part 2 of Form 4 or the Option 3 of the Form 6 waiver (as applicable).

I further understand that if I choose to sign this waiver and it is filed with the administrator / financial institution, I give up all entitlement to any benefit, as described in the preceding paragraph, from the pension plan, LIRA, or LIF, as the case may be.

Nevertheless, I give up my right to receive the benefit 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 any and all of my entitlement to any death benefit payment.

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 completing 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) the information that I have given in this waiver is true, to the best of my knowledge, at the time when I sign this waiver but, if any of that information changes before the original plan member makes the election to commute his or her pension or part of it or dies, whichever happens first, I undertake that I will immediately notify the administrator or financial institution of that change.

Dated at _____ in the Province/Territory of _____ this ____ day of _____, 20____.

[municipality]

[month]

[year]

[Signature of 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]