

**SPOUSE'S WAIVER OF MINIMUM 60% JOINT
AND SURVIVOR FORM OF PENSION**

I, _____, am the "spouse" (as described below) of _____
(the pensioner)

The pensioner earned benefits under a pension plan regulated by the Employment Pension Plans Act (the Act).

Being the pensioner's "spouse" means that I am a person of the opposite sex to that of the pensioner, and that
on _____ either
(date when the pensioner's pension is to start)

- (a) I will be legally married to and not living separate and apart from the pensioner, or
- (b) I will meet both of the following conditions:
 - (i) I will have lived with the pensioner for the 3 years immediately before the pensioner starts to receive pension payments, and
 - (ii) throughout that 3-year period, I will have been represented by the pensioner in our community as being in a relationship with the pensioner similar to that of a married couple.

I understand that the Act requires that the benefits earned under the plan must be paid as at least a 60% joint and survivor pension. This means that if the pensioner dies before I do, survivor payments equal to at least 60% of the original amount will continue to me for my lifetime.

However, I understand that if I sign this waiver form and it is filed with the plan administrator/financial institution, I give up my rights to the minimum 60% joint and survivor pension. I further understand that signing this waiver means that the pensioner may elect a pension that

- (a) gives me a lower survivor benefit, or
- (b) gives me no survivor benefit at all.

Nevertheless, I waive my rights to the minimum 60% joint and survivor pension required by the Act. I certify that

- (a) I have read this form and understand it,
- (b) I have reviewed the information provided by the plan administrator/financial institution to the pensioner,
- (c) the pensioner has not put any pressure on me to sign this form,
- (d) the pensioner is not present while I am signing this form, and

(e) I realize that

- (i) this form only gives a general description of the legal rights I have under the Act and the regulations under the Act, and
- (ii) if I wish to understand exactly what my legal rights are, I must read the Act and the regulations under the Act and seek legal advice.

To waive my rights mentioned above, I sign this waiver form at _____
(city/town)
_____, this ____ day of _____, 19____
(province)

(signature of spouse)

I, _____, of _____
(print name of witness)

(print address of witness)

do witness the signature of the spouse who signed this form before me outside of the presence of the pensioner.

(signature of witness)

COMMENTS AND INSTRUCTIONS

This form must be completed where the member of a pension plan or the owner of a LIRA (Locked-In Retirement Account), LIF (Life Income Fund), or LRIF (Locked-in Retirement Income Fund) wishes to,

- elect a form of pension, or purchase a life annuity, that provides the spouse with less than the 60% joint and survivor pension required by the Act,
- transfer funds to a LIF or an LRIF, or
- elect a form of pension, or purchase a life annuity, that co-ordinates payments with a pension payable under the Canada Pension Plan or Old Age Security Act.

This form must be,

- completed in its entirety,
- signed by the spouse and witnessed within the 90 day period prior to the date that the pension is to commence,
- signed outside of the immediate presence of the pensioner, and
- filed with the plan administrator or financial institution.

For further information please contact the plan administrator, financial institution or Employment Pensions.

Employment Pensions
808, 10808 - 99 Avenue
Edmonton, Alberta, T5K 0G5
Telephone (403) 427-8322*

*For toll-free dialing, contact your local
Alberta Government R.I.T.E. operator.