

SPOUSAL WAIVER OF JOINT AND SURVIVOR PENSION (SECTION 87)

I, _____, am the spouse within the meaning of the
(name of member/former member's spouse)

Québec Supplemental Pension Plans Act, of _____
(name of member/former member)

who is entitled to a pension benefit under the _____.
(name of plan)

I am aware that, in the absence of a waiver, a pension payable to a former member who has a spouse on the date that the payment of the first instalment of the pension is due must be paid as a joint and survivor pension as required by Section 87 of the Québec Supplemental Pension Plans Act.

I understand that, I may waive any right to a survivor pension, of at least 60% of my spouse's pension benefit, should my spouse predecease me. By waiving my right, my spouse will be able to elect an alternative form of pension which will provide me with no survivor pension or a pension which is less than the 60% minimum.

I hereby waive my right to a joint and survivor pension as required by Section 87 of the Act. The signature of my spouse, below, serves as an acknowledgement that he or she agrees to such a waiver.

I understand that we may revoke this waiver at any time prior to the date of the commencement of payment of my spouse's pension.

Dated at _____, in the Province of _____,

this _____ day of _____, _____.
(day) (month) (year)

(Signature of member
or former member)

(Witness to signature of
member or former member)

(Signature of spouse)

(Witness to signature of spouse)

Prior to completing this form, each party should consider obtaining independent legal advice concerning their individual rights and the effect of this waiver.

N.B. This waiver is not effective unless it is delivered to the Administrator or the Insurance Company, where appropriate, within the twelve month period immediately preceding the commencement of payment of the pension benefit as required by Section 87 of the Québec Supplemental Pension Plans Act.