

**PENSION PARTNER'S DECLARATION TO GIVE UP MINIMUM
60% JOINT AND SURVIVOR PENSION**

I, _____, am the "pension partner" (as described below) of _____.
[insert name of pensioner/owner]

The pensioner/owner earned benefits under a pension plan regulated by the *Employment Pension Plans Act* ("the Act"). Being the pensioner/owner's "pension partner" means that, at _____
[insert date when the pensioner/owner's pension is to start]

I will [satisfy the following criteria]:

"pension partner" means, in relation to another person

- i) a person who, at the relevant time, was married to that other person and had not been living separate and apart from that other person for 3 or more consecutive years, or
- ii) if there is no person to whom subclause i) applies, a person who, immediately preceding the relevant time, had lived with that other person in a conjugal relationship
 - a) for a continuous period of at least 3 years, or
 - b) of some permanence, if there is a child of the relationship by birth or adoption.

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/owner starts to receive a pension and 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 choose to 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/owner may elect a pension that

- (a) gives me a lower survivor benefit than the 60% joint and survivor pension, or
- (b) gives me no survivor benefit at all

and that the pensioner/owner has no obligation to grant me any benefit under the pension plan or other vehicle whatsoever.

Nevertheless, I give up 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 read and reviewed the pensioner's retirement statement or a statement from the financial institution showing the balance in the owner's account and know the amount of the benefit I am giving up,
- (c) I am signing this form of my own free will,
- (d) the pensioner/owner 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 give up my rights mentioned above, I sign this waiver form at _____, _____,
(city/town) (province)
this ____ day of _____, _____

(signature of pension partner)

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

(print address of witness)

do witness the signature of the pension partner who signed this form before me outside of the presence of the pensioner/owner.

(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) wishes to:

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

This form must also be completed where the owner of a LIF (Life Income Fund) or an LRIF (Locked-In Retirement Income Fund) wishes to purchase a life annuity that provides the pension partner with less than the 60% joint and survivor pension required by the Act.

For this form to be valid, it must be:

- completed in its entirety,
- signed by the pension partner 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/owner, and
- filed with the plan administrator or financial institution.

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