

CORPORATION USE ONLY	
FILE	
TEAM	

Freedom of Information and Protection of Privacy Act – The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used to administer your pension. If you have questions about the collection and use of this information contact the chief executive officer at the above address or by telephone (250) 387-1002.

Plan Member: please complete at retirement, whether or not you have a spouse.

According to pension legislation, “spouse” means, in relation to another person,

- (a) a person who at the relevant time was married to that other person and not living separate and apart from that other person for the 2 year period immediately preceding the relevant time, or
- (b) if paragraph (a) does not apply,
 - (i) a person who at the relevant time lived with that other person as husband and wife for the 2 year period immediately preceding the relevant time, or
 - (ii) a person of the same gender who at the relevant time lived in a marriage-like relationship with that other person for the 2 year period immediately preceding the relevant time.

I understand that, for the purposes of the above-noted definition, persons are “living separate and apart” if:

- (a) they are living apart and either of those persons has the intention to live separate and apart from the other, or
- (b) before the relevant time,
 - (i) they had lived separate and apart for any period, and
 - (ii) that period was interrupted or terminated only because either person became incapable of continuing to live separate and apart or of forming or having the intention to continue to live separate and apart of that person’s own volition, and the separation would probably have continued if that person had not become incapable.

If you have a spouse (as defined above), you are required to select a pension option that provides for at least 60% of your monthly pension benefit to be paid on the Joint Life and Last Survivor option with your spouse as beneficiary, unless your spouse waives his or her entitlement to this option in writing (see reverse side of this form for the waiver).

I hereby declare that **I do** **I do not** **have a spouse on the date of retirement.**

LAST NAME OF PLAN MEMBER (please print)	FIRST	SOCIAL INSURANCE NUMBER				
LAST NAME OF SPOUSE (please print)	FIRST	SPOUSE'S DATE OF BIRTH	CC	YY	MM	DD

Where there is a *registered* court order or separation agreement between the plan member and a former spouse, a *certified* copy of that court order or separation agreement must be submitted to the Pension Corporation. Upon receipt, the corporation will advise you of your pension options.

Whether or not you have a spouse at retirement, do you have a former spouse who is entitled to a portion of your pension?

- YES (If YES, and you have a *registered* court order or separation agreement, submit a *certified* copy to the corporation).
- NO

In order for this form to be valid, you and your witness must sign it on the same date and return within 90 days of retirement.

SIGNATURE OF PLAN MEMBER		DATE				
SIGNATURE OF WITNESS (not related to plan member or spouse)		NAME OF WITNESS (please print)		DATE		
				CC	YY	MM
ADDRESS OF WITNESS		PROVINCE	POSTAL CODE			

If you have a spouse (as defined above), and you are choosing a pension benefit that does not provide for at least the 60% Joint Life and Last Survivor option, your spouse MUST complete the “Spousal Waiver” section on the reverse side of this form.

IF YOU WISH TO KEEP A COPY FOR YOUR RECORDS, PLEASE PHOTOCOPY BOTH SIDES AND SEND THE ORIGINAL SPOUSAL DECLARATION / SPOUSAL WAIVER TO THE PENSION CORPORATION



SPOUSAL WAIVER

This section is to be completed by the plan member's spouse ONLY if the spouse is waiving his or her entitlement to the 60% Joint Life and Last Survivor option and/or survivor benefits. In order for this form to be valid, you and your witness must sign it within 90 days of retirement.

1. I, _____, am the "spouse" of (full name) _____, who
Print Spouse's Name Print Plan Member's Name
is a member or former member of the pension plan. (See reverse for definition of "spouse".)

2. I understand that the plan member or former plan member is required to select a Joint Life and Last Survivor option that provides for at least 60% of the monthly pension to continue to be paid to myself, the spouse, as beneficiary for the remainder of my life unless I complete and sign this form.

I understand that if I sign this waiver form, I waive my rights to the 60% Joint Life and Last Survivor option, and my spouse may elect a pension that gives me a different survivor benefit or no survivor benefit at all.

I also confirm the following:

- I have read this form and understand it.
- I have reviewed the information provided to my spouse by the Pension Corporation.
- Neither my spouse nor anyone else has put any pressure on me to sign this form.
- My spouse is not present while I am signing this form.
- I understand that:
 - this form gives only a general description of the legal rights I have under the applicable pension act or plan document, and
 - if I wish to understand exactly what my legal rights are I must seek legal advice.
- I understand that I am entitled to a copy of this waiver form.

I hereby understand that, if I sign this waiver form, my decision is irrevocable, and:

- I waive my rights to the 60% Joint Life and Last Survivor option,
- my spouse, the plan member, may elect a pension option that gives me a different survivor benefit, or gives me no survivor benefit at all, and
- my spouse, the plan member, may be able to change the beneficiary without my knowledge.

SIGNATURE OF SPOUSE (signed in the absence of the plan member)

SIGNATURE OF SPOUSE (signed in the absence of the plan member)	DATE			
	CC	YY	MM	DD

SIGNATURE OF WITNESS (not related to plan member or spouse)

NAME OF WITNESS (please print)

SIGNATURE OF WITNESS (not related to plan member or spouse)	DATE			
	CC	YY	MM	DD

ADDRESS OF WITNESS

PROVINCE

POSTAL CODE

IMPORTANT NOTES:

Sign the bottom of your spouse's "Retirement Selection Statement" form if you are waiving your right to the minimum 60% Joint Life and Last Survivor option.

If there is a legal issue with the printed contents of this form, the applicable acts and attendant regulations are legal documents which shall govern in the event of any question or dispute that may arise.