

**SPOUSE'S WAIVER OF RIGHTS UNDER  
A PENSION PLAN, AN RRSP, A LIFE ANNUITY OR A LIF CONTRACT**

1. I, \_\_\_\_\_, am the "spouse" of (full name) \_\_\_\_\_, who is a member or a former member of a pension plan regulated by the *Pension Benefits Standards Act* of British Columbia.
2. Being the member or former member's "spouse" means that (check one)
  - I am married to and living with the member or former member, or
  - I have been living with the member or former member, as husband and wife, for the preceding two years.
3. I understand that the *Pension Benefits Standards Act* requires that the benefits earned by a member or former member under a pension plan must be paid as at least a 60% joint and survivor pension. This means that if my spouse dies after the payments start, it is my right to receive lifetime payments of at least 60% of the amount paid to my spouse unless I waive my rights.
4. I understand that if I sign this waiver form and it is filed with the plan administrator, RRSP or life annuity or LIF contract issuing company, I waive my rights to the minimum 60% joint and survivor pension. I further understand that signing this waiver means that (check one)
  - (a) if a pension is to be paid, my spouse may elect a pension that
    - (i) gives me a different survivor benefit, or
    - (ii) gives me no survivor benefit at all, or
  - (b) if the pension is to be cashed out due to shortened life expectancy
    - (i) payment will be made to my spouse as a cash lump sum or as a series of payments for a fixed period, and
    - (ii) this may give me no survivor benefit at all.
5. I certify that I am waiving my rights to receive the minimum 60% joint and survivor pension, and that
  - (a) I will receive (check one)
    - no payments after my spouse dies,
    - no payments after my spouse dies except for payments until (date) \_\_\_\_\_ under the \_\_\_\_\_ year guarantee period,
    - payments of \_\_\_\_\_ % (less than 60%) of the amount paid to my spouse after my spouse dies,
    - whichever of the above my spouse chooses;
  - (b) I have read this form and understand it;
  - (c) I have reviewed the information provided to my spouse by the plan administrator, RRSP or life annuity or LIF contract issuing company;
  - (d) neither my spouse nor anyone else has put any pressure on me to sign this form;
  - (e) my spouse is not present while I am signing this form;
  - (f) I realize that
    - (i) this form only gives a general description of the legal rights I have under the *Pension Benefits Standards Act* and the regulations, and
    - (ii) if I wish to understand exactly what my legal rights are I must read the *Pension Benefits Standards Act* and regulations, and/or seek legal advice;
  - (g) I realize that I am entitled to a copy of this waiver form.
6. To waive my rights, I sign this waiver form at (city) \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Address of Spouse

(home phone #): \_\_\_\_\_

(work phone #): \_\_\_\_\_

**STATEMENT OF WITNESS**

I certify that

- (a) My full name is \_\_\_\_\_
- (b) My address is \_\_\_\_\_
- (c) I witnessed this spouse sign this waiver in the absence of his/her spouse.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

(home phone #): \_\_\_\_\_

(work phone #): \_\_\_\_\_

## COMMENTS AND INSTRUCTIONS

This form must be completed where a spouses wishes to waive his or her entitlement to the 60% joint and survivor form of life annuity that is required under the *Pension Benefits Standards Act* of British Columbia.

This form must be

- completed in its entirety,
- signed by the spouse and witnessed not earlier than 90 days before the date that the life annuity payments are to commence,
- signed outside of the immediate presence of the annuitant, and
- filed with the pension plan administrator, RRSP underwriter or life annuity or LIF contract issuing company, as the case may be.

For further information please contact the plan administrator, underwriter, your employer or union, or the Pensions Department, Financial Institutions Commission of British Columbia at:

1900 - 1050 West Pender Street  
Vancouver, B.C.  
V6E 3S7

Telephone: (604) 775-1266  
Facsimile: (604) 660-6517