

Form 4

(section 31 (2))

SPOUSE’S WAIVER OF PRERETIREMENT SURVIVOR BENEFIT

1 I,, certify

that I am the “spouse” of, or the “surviving spouse” at the date of death of, (full name)

....., who is a member or former member of a pension plan regulated by the *Pension Benefits Standards Act* of British Columbia.

2 Being the “spouse” of the member or former member means that (check one, if applicable, or go on to paragraph 3.)

- I am married to the member or former member, or and have not been living separate and apart from that person for the preceding two years,
- I have been living with the member or former member, as husband and wife, for the preceding 2 years, or
- I am the same gender as, and have been living with, the member or former member in a marriage like relationship for the preceding 2 years.

3 Being the “surviving spouse” of the member or former member means that (check one, if applicable)

- I was married to the member or former member, and had not been living separate and apart from that person for the two years preceding the date of death,
- I had been living with the member or former member, as husband or wife, for the 2 years immediately preceding the date of death, or
- I am the same gender as, and had been living with, the member or former member in a marriage like relationship for the 2 years immediately preceding the date of death.

4 I understand that, in the absence of a waiver, I am entitled to receive a preretirement survivor benefit in the form of a pension by way of a deferred or immediate life annuity if my spouse dies before pension commencement.

5 I understand that I may waive my entitlement to receive any preretirement survivor benefits by signing and filing this form with the pension plan administrator, RRSP underwriter or life annuity or LIF contract issuing company, as the case may be, in which case this benefit will be paid by way of a lump sum payment to

- (a) the beneficiary designated by the member or former member where the designated beneficiary is a person other than myself, or
- (b) the personal representative of the member or former member’s estate in his or her representative capacity if there is no valid designation of beneficiary.

6 I certify that I am waiving my entitlements to receive the preretirement survivor benefit or a lump sum payment as the designated beneficiary and that

- (a) I have read this form and understand it,
- (b) neither my spouse nor anyone else has put any pressure on me to sign this form,
- (c) I realize that
 - (i) this form only gives a general description of the legal rights that 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 the regulations, and/or seek legal advice, and
- (d) I realize that I am entitled to receive a copy of this form.

7 To waive my entitlements, I sign this waiver form at[city],

..... [province] , on[date]

.....
Signature of Spouse or Surviving Spouse

.....
.....
.....

Address of Spouse or Surviving Spouse

(home telephone number):

(work telephone number):

STATEMENT OF WITNESS

I certify that

(a) My full name is

(b) My address is

(c) I witnessed this spouse or surviving spouse sign this waiver form.

.....[date]
Signature of Witness

(home telephone number):

(work telephone number):

COMMENTS AND INSTRUCTIONS

This form must be completed where a spouse or surviving spouse wishes to waive his or her entitlement to a preretirement survivor benefit that is required under the *Pension Benefits Standards Act*. Where the form is filed before the death of the member or former member, the member or former member must provide the plan administrator or underwriter with the name of the designated beneficiary other than the spouse.

The form must be

- completed in its entirety,
- signed by the spouse or surviving spouse at any time before commencement of payment of a preretirement survivor benefit, 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, your employer, savings institution or insurance company holding the money, or the Pensions Department of the Financial Institutions Commission of British Columbia, 13450 102nd Avenue, Suite 1200, Surrey, BC V3T 5X3; telephone: 604 953-5300, fax: 604 953-5301.