

**SPOUSE'S WAIVER OF MINIMUM 60% JOINT  
AND SURVIVOR FORM OF PENSION**

I, \_\_\_\_\_, am the "spouse" (as described below) of \_\_\_\_\_  
(the pensioner)

The pensioner earned benefits under a pension plan regulated by the Employment Pension Plans Act (the Act).

Being the pensioner's "spouse" means that I am a person of the opposite sex to that of the pensioner, and that  
on \_\_\_\_\_ either  
(date when the pensioner's pension is to start)

- (a) I will be legally married to and not living separate and apart from the pensioner, or
- (b) I will meet both of the following conditions:
  - (i) I will have lived with the pensioner for the 3 years immediately before the pensioner starts to receive pension payments, and
  - (ii) throughout that 3-year period, I will have been represented by the pensioner in our community as being in a relationship with the pensioner similar to that of a married couple.

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 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 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 may elect a pension that

- (a) gives me a lower survivor benefit, or
- (b) gives me no survivor benefit at all.

Nevertheless, I waive 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 reviewed the information provided by the plan administrator/financial institution to the pensioner,
- (c) the pensioner has not put any pressure on me to sign this form,
- (d) the pensioner 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 waive my rights mentioned above, I sign this waiver form at \_\_\_\_\_  
(city/town)  
\_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
(province)

\_\_\_\_\_  
(signature of spouse)

I, \_\_\_\_\_, of \_\_\_\_\_  
(print name of witness)

\_\_\_\_\_  
(print address of witness)

do witness the signature of the spouse who signed this form before me outside of the presence of the pensioner.

\_\_\_\_\_  
(signature of witness)

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### 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), LIF (Life Income Fund), or LRIF (Locked-in Retirement Income Fund) wishes to,

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

This form must be,

- completed in its entirety,
- signed by the spouse 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, and
- filed with the plan administrator or financial institution.

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

Employment Pensions  
808, 10808 - 99 Avenue  
Edmonton, Alberta, T5K 0G5

Telephone (403) 427-8322\*

\*For toll-free dialing, contact your local  
Alberta Government R.I.T.E. operator.