

**SPOUSE'S WAIVER OF RIGHTS
UNDER A PENSION PLAN**

1. My full name is (Spouse's name)
2. Within the meaning of "spouse" in the *Pension Benefits Standards Act* of British Columbia, I am the spouse of _____ who is a member or former member of the Pension Plan known as: (Plan member's name)

MACHINISTS, FITTERS & HELPERS LOCAL #3 PENSION PLAN

3. I have reviewed the information referred to in section 10 (1)(d) of the *Act*, and I am aware of my spousal entitlements under section 35 of the *Act*.
4. I understand that:
- [a] the Pension Plan will, within the next 90 days, begin to make lifetime payments to my spouse,
 - [b] if my spouse dies after the payments start, it is my right to receive payments of at least 60% of the amount paid to my spouse, to be paid to me for my lifetime, unless I waive my rights,
 - [c] I may waive my right to receive at least 60%, in which case my spouse may choose payments that will:
 - (i) stop when my spouse dies, or
 - (ii) pay me less than 60% after my spouse dies,
 - [d] This waiver must be signed
 - (i) in front of a witness, and
 - (ii) in the absence of my spouse
 - [e] This waiver must be filed with the Pension Plan
5. I certify that:
- [a] I am waiving my rights to receive at least 60% of my spouse's annuity, and I will receive (**check one**):
 - _____ no payments after my spouse dies;
 - _____ no payments after my spouse dies expect for payments until _____ (date) under the _____ year guarantee period;
 - _____ a payment of _____% (less than 60%) after my spouse dies;
 - _____ whichever of the above my spouse chooses.

Initial

- [b] **I am signing this waiver of my rights to the Machinists, Fitters & Helpers Local 3 Pension Plan (i) freely and voluntarily without any compulsion on the part of my spouse or anyone else (ii) outside the immediate presence of my spouse and in the presence of a witness**

Declaration of Witness

- I declare that I have known the spouse (undersigned) for at least 2 years and well enough to be confident that the statements made in this application are true.
- I acknowledge that I am a Canadian Citizen Yes: _____ No: _____
- Please find attached my photo ID (*required*)

STATEMENT OF WITNESS

My full name / phone number is _____ Phone: _____

My address is _____

I Witness that this spouse has signed this waiver in the absence of the Plan Member (applicant)

Signed at _____ on this _____ day of _____ 200

Signature of Witness

Signature of Spouse

COMMENTS AND INSTRUCTIONS

This form must be completed where a spouse wishes to waive his or her entitlement to the 60% Joint & 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 prior to the date that life annuity payments are to commence,
- ❖ signed outside of the immediate presence of the annuitant (pension member), and
- ❖ filed with the plan or RRSP underwriter or the Life Insurance Company, as the case may be.

Under the *Pension Benefits Standards Act*, a spouse of an annuitant who is about to commence to receive life annuity payments is

[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 two (2) year period immediately preceding the relevant time, or

[B] If sub paragraph [a] does not apply

A person who at the relevant time lived with that other person as husband and wife for the two (2) year period immediately preceding the relevant time, or

A person of the same gender who at the relevant time lived in a marriage-like relationship with that other person for the two (2) year period immediately preceding the relevant time;

For further information please contact the **Plan Administrator**, or your employer or union or the Pensions Standards Branch, Ministry of Labour and Consumer Services, 870 – 360 West Georgia St. Vancouver, BC V6B 6B2.