



# SPOUSE'S WAIVER OF PRE-RETIREMENT SURVIVOR BENEFIT (SK)

## SECTION A: Member Information

Member ID/Social Insurance Number	Surname	First Name and Initial	Phone Number
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## SECTION B: Spouse's Waiver

(to be completed and signed by the Spouse)

Spouse's Social Insurance Number	Surname	First Name and Initial	Phone Number
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I, \_\_\_\_\_, certify that I am the spouse (within the meaning of clause 2(1)(ff) of the Saskatchewan *Pension Benefits Act, 1992*) of \_\_\_\_\_ (hereafter called "the member")

(name of spouse) (name of member)

who is a member of the Capital Pension Plan that is subject to the provisions of the Saskatchewan *Pension Benefits Act, 1992*.

1. I understand that, in the absence of this waiver, on the death of the member, I am entitled to a pre-retirement survivor benefit payable as either a lump sum payment or in the form of a deferred or immediate pension;
2. I also understand and declare that, by signing this waiver:
  - a) I am giving up my entitlement, on the death of the member, to any pre-retirement death benefit payable pursuant to section 33 of *The Pension Benefits Act, 1992*;
  - b) I will not be paid any pre-retirement death benefit pursuant to section 33 of *The Pension Benefits Act, 1992*; and
  - c) The payment of any pre-retirement death benefit pursuant to section 33 of *The Pension Benefits Act, 1992* will be made to either:
    - i) A beneficiary designated by the member; or
    - ii) The estate of the member if there is no validly designated beneficiary
3. I certify that his waiver is being signed freely and voluntarily without any compulsion on the part of the member and outside the immediate presence of the member.
4. I understand that this waiver is not valid unless it is signed and witnessed before the date of the member's death.
5. I understand that I may revoke this waiver at any time before the date of the member's death by providing a written notice to the administrator of the pension plan or issuer of the contract, as the case may be.

**IN WITNESS WHEREOF, I sign this waiver at** \_\_\_\_\_ **this** \_\_\_\_\_ **day of** \_\_\_\_\_

(city/town/village, province) (day)

\_\_\_\_\_, 20 \_\_\_\_\_ **in the presence of** \_\_\_\_\_

(month) (year) (print name of lawyer)

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Signature of Lawyer

## SECTION C: Certificate of Legal Advice

(to be completed and signed by a lawyer)

I, \_\_\_\_\_, a lawyer licensed to practice law in the Province in which this spouse's waiver has been signed have explained the rights and entitlements to the aforementioned spouse under section 34 of the Saskatchewan *Pension Benefits Act, 1992*, and I have witnessed the spouse's signature to waive his or her rights under this Act through signing this document.

\_\_\_\_\_  
(Signature of Lawyer)

\_\_\_\_\_  
(Name of Law Firm)

\_\_\_\_\_  
(Mailing Address of Law Firm)

## **SPOUSE'S WAIVER OF PRE-RETIREMENT SURVIVOR BENEFIT (SK)**

If you have a spouse when you retire, the Saskatchewan *Pension Benefits Act, 1992* requires that your spouse receive the survivor benefit in the event of your death prior to retirement. If you wish to designate someone other than your spouse as beneficiary, your spouse must complete this waiver form.

**Your spouse may revoke this waiver at any time prior to your death by providing written notice to the Capital Pension Plan at the address below.**

### **SECTION A: Member Information**

This section identifies the Plan member to whom this waiver form pertains.

### **SECTION B: Spouse's Waiver**

(to be completed and signed by the Spouse)

**According to clause 2(1)ff of the Saskatchewan *Pension Benefits Act, 1992*, a spouse is:**

- a) a person who is married to a member; or
- b) if a member is not married, a person with whom the member is cohabiting as spouses at the relevant time and who has been cohabiting continuously with the member for at least one year prior to the relevant time.

For the purpose of this waiver, the "relevant time" refers to the date in which this waiver is completed and signed by the spouse.

**This waiver form must be:**

- completed in its entirety by the spouse;
- signed by the spouse in the presence of a lawyer licensed to practice law in the Province in which the spouse's waiver has been signed and outside the immediate presence of the member;
- completed and signed and witnessed before the date of the member's death, or the form becomes invalid.

**This waiver may be revoked by the spouse at any time by providing written notice to the Capital Pension Plan at the address listed below.**

### **SECTION C: Certificate of Legal Advice**

(to be completed and signed by a lawyer)

To ensure that the spouse is fully aware of the content and ramifications of this waiver form, the Capital Pension Plan requires that the form be explained by a lawyer and completed by the spouse in the presence of a lawyer licensed to practice law in the Province in which the spouse's waiver has been signed.

Contact the Capital Pension Plan at:

**Capital Pension Plan  
1170 – 1801 Hamilton Street  
Regina, Saskatchewan, S4P 4B4**

**Phone: 1-866-961-4377 (toll-free) or (306) 787-5918    FAX: (306) 787-5798  
Email: [info@capitalpension.com](mailto:info@capitalpension.com)**

**Visit our website at : [www.capitalpension.com](http://www.capitalpension.com)**