



SPOUSE'S WAIVER OF 60% POST-RETIREMENT SURVIVOR BENEFIT (SK)

SECTION A: Member Information

Member ID/ Social Insurance Number	Surname	First Name and Initial	Phone Number

SECTION B: Spouse's Waiver

(to be completed and signed by the Spouse)

Spouse's Surname	First Name and Initial	Phone Number

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 pensioner")
(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*.

- I understand that, in the absence of this waiver, on the death of the pensioner, I am entitled to a pension of at least 60% of the original amount of the pension payable to the pensioner;
- I also understand and declare that, by signing this waiver:
 - I am giving up my entitlement, on the death of the pensioner, to a pension of at least 60% of the original amount of the pension payable to the pensioner;
 - I am permitting the pensioner to receive a pension that does not comply with section 34 of the Saskatchewan *Pension Benefits Act, 1992*; and
 - on the death of the pensioner, I may receive no pension or may receive a pension of less than 60% of the original amount of the pension payable to the pensioner.
- I certify that this waiver is being signed freely and voluntarily without any compulsion on the part of the pensioner and outside the immediate presence of the pensioner.
- I understand that this waiver is not valid if it is signed more than 90 days before pension commencement.
- I understand that I may revoke this waiver at any time before pension commencement 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)

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If you have a spouse when you retire, the Saskatchewan *Pension Benefits Act, 1992* requires that you purchase a Joint & Survivor Life Annuity that provides a minimum survivor benefit of 60% to your spouse in the event of your death. To pursue a life annuity that does not provide a minimum survivor benefit of 60%, your spouse must complete this waiver form.

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 not more than 90 days before the member commences receipt of the life annuity, or the form becomes invalid.
- forwarded to the Capital Pension Plan, along with the other required forms, before the life annuity may be purchased. Contact information is provided 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**

Visit our website at : www.capitalpension.com