

**Spousal Waiver of Death Benefit from a
Variable Benefit Account
Form VB 4**
(Under Section 39.1.1(14) of the *Pension Benefits Act*)

Approved pursuant to the *Pension Benefits Act*
(R.S.O. 1990, c. P.8)

What you need to know before completing this Form

Complete and sign this Waiver if:

- you are the spouse of the retired member identified in Part B of this Form;
- your spouse has a variable benefit account in the pension plan identified in Part C of this Form; and
- you want to waive your right to receive a death benefit from your spouse's variable benefit account so that the death benefit can be paid to someone else.

If you complete this Waiver, you will not be paid a death benefit from your spouse's variable benefit account should your spouse predecease you.

If you do not complete this Waiver, you will be entitled to receive a death benefit from your spouse's variable benefit account if your spouse dies and you are not living separate and apart from your spouse at that time. The death benefit would be equal to the balance remaining in your spouse's variable benefit account.

If you wish to waive your right to receive a death benefit from your spouse's variable benefit account, complete, sign and date this Waiver, **in the presence of an adult witness who is not your spouse**, and have your witness sign this Form.

Once you complete and sign this Waiver, provide it to the plan administrator.

You may cancel this Waiver at any time prior to the death of your spouse by delivering a written and signed notice of cancellation to the plan administrator.

Prior to completing this Form, you may wish to obtain independent legal and financial advice concerning your rights and the effect of this Waiver.

Part A – Spouse of the Retired Member Information

Spouse's Name

Last Name	First Name	Middle Name(s)
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Mailing Address

Unit Number	Street Number	Street Name		
City/Town	Province/State	Postal Code/Zip Code	Country	
Contact Number	Email Address			

Part B – Retired Member Information

Retired Member's Name

Last Name	First Name	Middle Name(s)
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Mailing Address

Unit Number	Street Number	Street Name		
City/Town	Province/State	Postal Code/Zip Code	Country	
Contact Number	Email Address			

Part C – Pension Plan Information

Name of Pension Plan	Plan Registration Number
Plan Administrator	

Waiver

I am the spouse, within the meaning of the Pension Benefits Act, of the retired member identified in Part B of this Form. My spouse, the retired member, has established a variable benefit account and consequently is entitled to a pension benefit under the pension plan identified in Part C of this Form (the "Pension Plan").

I understand that section 39.1.1 of the Pension Benefits Act provides that I am entitled to receive a death benefit if the retired member dies and I am not living separate and apart from him or her at that time. The death benefit would be equal to the balance remaining in the retired member's variable benefit account.

I understand that if I sign this Waiver, I will not be paid, upon the death of the retired member, any death benefit provided by section 39.1.1 of the Pension Benefits Act in regard to the retired member's variable benefit account. Instead, payment of this benefit will be made to either,

- (a) a beneficiary designated by the retired member; or
- (b) the personal representative of the retired member for distribution as part of his or her estate.

I hereby waive my right to receive any death benefit provided by section 39.1.1 of the Pension Benefits Act in regard to the retired member's variable benefit account by signing this Waiver in the presence of a witness.

I understand that I may cancel this Waiver at any time prior to the date of the retired member's death by delivering a written and signed notice of cancellation to the plan administrator.

This Waiver is not effective unless it is dated, signed and delivered to the administrator of the Pension Plan.

Signature of Spouse of Retired Member	Signature of Witness	Date Signed (yyyy/mm/dd)
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Contact Information for Witness of Spouse's Signature

Last Name	First Name	Middle Name(s)
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Address

Unit Number	Street Number	Street Name		
City/Town		Province/State	Postal Code/Zip Code	Country