

Form 15.1 – Consent Form: Member

For purposes of section 101.1 of the *Pension Benefits Act*
(R.S.O. 1990, c. P.8) (the “PBA”)
Approved pursuant to section 113.2 of the PBA

General Information

A member, former member or retired member of a pension plan that is an individual pension plan (“IPP”) or a designated plan for purposes of the *Income Tax Act* (Canada) must use this form if the person wishes to consent to an election by the employer of the plan to exempt the plan from the application of the *Pension Benefits Act* (“PBA”), regulations made under the PBA and rules made by the Financial Services Regulatory Authority of Ontario (“FSRA”) under the PBA (except as necessary to give effect to section 101.1 of the PBA).

If the member, former member or retired member of the plan wishes to consent to the employer’s election, the member, former member or retired member must:

- complete and sign the Consent set out in Part 2 of this form;
- complete the Declaration set out in Part 3 of this form, and sign the Declaration in Part 3 while being witnessed by a Commissioner for Oaths or other authorized person who can take the Declaration from the member, former member or retired member (the Commissioner or other authorized person must also complete and sign their part of the Declaration in Part 3); and
- provide this completed and signed form to the employer making the election.

Part 1 - Plan Identification

Name of Pension Plan (the “Plan”)

Registration Number

Effective Date of Exemption

Part 2 - Consent

I am a member, former member or retired member of the Plan identified in Part 1 of this Consent Form: Member.

I understand that the employer of the Plan (the “Employer”) intends to elect to exempt the Plan from the application of the *Pension Benefits Act* (“PBA”), regulations made under the PBA and rules made by the Financial Services Regulatory Authority of Ontario (“FSRA”) under the PBA.

I acknowledge that if the exemption comes into effect for the Plan, then:

- the PBA, regulations made under the PBA and rules made by FSRA under the PBA will no longer apply to any benefits or entitlements I have accrued under the Plan, whether accrued before or after the effective date of the exemption; and
- FSRA will not be able to assist me in my relationship with the Plan administrator.

I consent to the exemption of the Plan from the application of the PBA, regulations made under the PBA and rules made by FSRA under the PBA.

Signature

Name of Plan Member, Former Member or Retired Member (printed)

Date (yyyy/mm/dd)

Signature of Plan Member, Former Member or Retired Member

Part 3 - Declaration

I, _____ ,
Name of Plan Member, Former Member or Retired Member (printed)

solemnly declare that:

(Check only one of the following):

- ☐ I have a spouse, and my spouse has consented to the exemption of the Plan by completing and signing their own Consent Form.
- ☐ I have a spouse, but I am living separate and apart from my spouse.
- ☐ I do not have a spouse.

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature

Name of Plan Member, Former Member or Retired Member (printed)

Date (yyyy/mm/dd)

Signature of Plan Member, Former Member or Retired Member

To be completed by the Commissioner for Oaths or other authorized person

Declared before me,

Signature of Commissioner for Oaths or other authorized person

at _____ , _____
City or town (printed) Province (printed)

this _____ day of _____ , _____
Day (number, printed) Month (printed) Year (printed)

Name of Commissioner for Oaths or other authorized person (printed)

Authority of Commissioner for Oaths or other authorized person (printed)

Note: indicate the authority of the person for taking the Declaration, such as "A Commissioner for Oaths in and for the Province of Ontario". The Declaration may also be taken by a person authorized under the *Evidence Act* (R.S.O. 1990, c. E.23) to take declarations.