

## Form 15.2 – Consent Form: Spouse

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 spouse of 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 spouse 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).

However, this form does not apply if the spouse:

- is living separate and apart from the member, former member or retired member; or
- is themselves a member, former member or retired member of the plan.

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

- complete and sign the Consent and Acknowledgment set out in Part 2 of this form; 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 and Acknowledgement

I am the spouse of a member, former member or retired member of the Plan identified in Part 1 of this Consent Form: Spouse. I am not living separate and apart from my spouse.

The name of my spouse, who is the member, former member or retired member of the Plan, is:

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

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 that my spouse has 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 understand that the Employer may only elect to exempt the Plan if I consent to the exemption by completing and signing this Consent Form: Spouse.

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**

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

Date (yyyy/mm/dd)	Signature of Spouse of Plan Member, Former Member or Retired Member
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