

## Form 15.3 – Consent Form: Other Person

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 person entitled to pension benefits under a pension plan that is an individual pension plan (“IPP”) or a designated plan for purposes of the *Income Tax Act* (Canada) (other than a person who is a member, former member or retired member of the plan, or a spouse of a member, former member or retired member of the plan) 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 person wishes to consent to the employer’s election, the person 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 Acknowledgment

I am a person entitled to pension benefits under the Plan identified in Part 1 of this Consent Form: Other Person.

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 understand that the Employer may only elect to exempt the Plan if I consent to the exemption by completing and signing this Consent Form: Other Person.

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 Other Person Entitled to Pension Benefits under the Pension Plan (printed)

Date (yyyy/mm/dd)

Signature of Other Person Entitled to Pension Benefits under the Pension Plan