Financial Services Regulatory Authority of Ontario

Ontario

Post-retirement Waiver of Survivor Pension After Separation (Optional)

Family Law Form FL–8

(Under section 67.4(8) of the Pension Benefits Act and section 35(3) of Regulation 287/11)

What you need to know before completing this waiver form

The purpose of this waiver form is to direct a plan administrator to terminate the entitlement of a spouse of a Retired Member to a survivor pension. This is an **OPTIONAL** form. It is to be completed by both the Retired Member's spouse and the Retired Member.

Preconditions:

- Separation occurred after the pension payments started.
- The plan administrator has provided a Statement of Family Law Value (Family Law Form FL-4E) and the Retired Member's spouse is identified in Part D.
- The Retired Member's pension has not yet been divided.

Effects:

- By signing this waiver form, the Retired Member's spouse is waiving their right to receive a survivor pension, including any guarantee payments. The Retired Member's spouse is **not waiving** any right to a payment under a court order, family arbitration award or domestic contract as either equalization or support.
- This waiver may not financially benefit either the Retired Member's spouse or the Retired Member:
  - The Retired Member's spouse should still report the value of the survivor pension on the Financial Statement in Part 7(c): Bank Accounts, Savings, Securities and Pensions.
  - The Retired Member's pension may or may not increase as a result of the waiver, depending on the plan terms. If there is no increase (or only a partial increase) the value that is waived remains in the pension plan. This means that the plan administrator cannot pay that waived amount to either spouse.
- This waiver **cannot be cancelled** after the plan administrator receives a signed copy of this waiver form.
- See the Pensions and Marriage Breakdown – a Guide for Members and their Spouses for information about the valuation and division process.

If you are considering signing this waiver form, you should get independent legal advice.

Part A – Information about the Retired Member's Spouse

Last Name	First Name	Initials	Date of Birth (yyyy/mm/dd)

Spouse's Contact Information

Unit Number	Street Number	Street Name		
City		Province/State	Country	Postal Code/Zip Code
Telephone Number (main)		E-mail Address		

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Part B – Information about the Retired Member

Last Name	First Name	Initials

Employee/Pension Plan Identification Number, if applicable	Date of Birth (yyyy/mm/dd)

Part C – Pension Plan Information

Name of Pension Plan	Registration Number

Plan Administrator

Part D – Waiving My Right to Receive the Survivor Pension (To be completed by the Retired Member's spouse)

I am entitled to receive the survivor pension should the Retired Member die before me.

The value of my survivor pension, as shown in Part A (Family Law Value Summary) of the Statement of Family Law Value (Family Law Form FL-4E) is: $ _____

I understand that:

- I am waiving my right to be paid a survivor pension from the pension plan for the rest of my life if the Retired Member dies before me.
- I cannot cancel this waiver once the plan administrator receives it.

By signing this waiver form, I authorize the plan administrator to terminate my entitlement to a survivor pension. This means that **I WILL NOT** receive a survivor pension from the pension plan after the death of the Retired Member.

Name of Retired Member's Spouse (printed)	Signature of Retired Member's Spouse	Date (yyyy/mm/dd)
Name of Witness (printed)	Signature of Witness	Date (yyyy/mm/dd)

Witness Contact Information

Unit Number	Street Number	Street Name		
City		Province/State	Country	Postal Code/Zip Code
Telephone Number (main)		E-mail Address		

Note: You must sign, print your name and date the waiver form in the presence of a witness. Note that your witness:

- must be at least 18 years of age;
- must **see you sign** Part D; and
- must also sign, print their name and date Part D immediately after seeing you sign and date Part D (this means that you and your witness must sign on the same date).

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Part E – Retired Member's Acknowledgement of the Waiver (To be completed by the Retired Member)

I understand that:

- The waiver may **NOT** result in any increase to my pension unless the terms of my pension plan provide for such an increase.
- I will **NOT** be entitled to designate a new spouse to receive the survivor pension unless the terms of my pension plan provide for such an option.
- I cannot cancel this waiver once the plan administrator receives it.

By signing below, I acknowledge that my spouse is waiving the survivor pension.

Name of Retired Member (printed)	Signature of Retired Member	Date (yyyy/mm/dd)

Next steps:

- Send the completed waiver form to the plan administrator. Do not send it to FSRA.
- It is not necessary to incorporate or reference the waiver in your court order, family arbitration award or domestic contract. However, it is good practice to do so.
- If the Retired Member's pension will be divided, include this waiver form with the Spouse's Application to Divide a Retired Member's Pension (Family Law Form FL-6 or FL-6S).
- If the Retired Member's pension is not going to be divided, include a certified copy of your court order, family arbitration award or domestic contract.

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