

Form 3 - Waiver of Joint and Survivor Pension Under section 44 of the Pension Benefits Act

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

Send this form to the plan administrator or the insurer Do not send it to the Financial Services Commission of Ontario		
Name of member or former member	We,	
or ronner member	(referred to below as the "member or former member")	
Name of spouse of member or former member	and(referred to be	low as the "spouse")
	certify that we are spouses within the meaning of the Pension Benefits Act.	
	We understand that section 44 of the Pension Benefits Act provides that the pension paid to the member or former member from the	
Name of pension plan		
	nust be paid as a joint and survivor pension if we are spouses on the date that the payment of the first instalment f the pension is due and if we are not living separate and apart at that time. We also understand that the amount f pension payable to the surviving spouse must not be less than 60% of the pension paid to the member or ormer member while we are both alive.	
	We understand that we may waive our right to the joint and survivor pension provided by section 44 of the Pension Benefits Act by signing this waiver.	
We understand that by signing this waiver, the spouse is giving up death of the member or former member, as provided by Section 44		
	We hereby waive our right to a joint and survivor pension provided by section 44 of the Pension Benefits Act by signing this waiver in the presence of a witness.	
	We understand that we may cancel this waiver at any time the member's or former member's pension.	e before the date of the commencement of payment of
Day, Month, Year	Dated this day of	·
	Signature of witness	Signature of member or former member
	Name and address of witness (printed)	
	Signature of witness	Signature of spouse of member or former member
	Name and address of witness (printed)	

NOTE: Prior to completing this form, each party should consider obtaining independent legal advice concerning their individual rights and the effect of this waiver.

NOTE: This waiver is not effective unless it is **dated**, **signed and delivered** to the administrator of the pension plan or the insurance company, where appropriate, within the **twelve months preceding the commencement of payment of the pension benefit**, as required by subsection 46(2) of the Pension Benefits Act.