FORM 4

# Pension Partner Waiver of Entitlement to a 60% Joint and Survivor Pension from a Pension Plan



This waiver form must be signed by a pension partner in order to permit a plan member to elect a form of pension that does not provide at least a 60% joint and survivor pension for the pension partner, if that plan member has pension partner at his or her pension commencement date.

Alternatively, this waiver form must be signed by a pension partner in order to permit a plan member to elect a form of annuity that does not provide at least a 60% joint and survivor annuity for the pension partner, if that plan member has pension partner at the date of annuity purchase.

This waiver form is not valid unless it is signed and filed with the plan administrator not more than 90 days before the pension commencement date of the plan member.

Complete the form below and send it to us online via Document Centre (available by logging into Your Pension Profile) at pspp.ca, or by mail or fax to: PSPP, 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9 Fax: 780-421-1652

1. Section 90(2) and 99(1) of the *Employment Pension Plans Act* (SA 2012 cE-8.1) require that if a plan member has a pension partner on his or her pension commencement date, the form of pension must be a 60% joint and survivor pension, unless the pension partner agrees to a different form of pension by signing this waiver form.

2. A minimum 60% joint and survivor form of pension is a pension that is payable during the lives of the plan member and his or her pension partner and, after the death of one of them, is payable to the survivor for life in an amount that is not less than 60% of the amount that would have been payable to the plan member had the death not occurred.

3. By signing this waiver form, the pension partner gives up the right to the minimum 60% joint and survivor pension. This form must be signed and filed with the plan administrator not more than 90 days before the pension commencement date of the plan member.

4. The “pension commencement date” is the date the plan member selects as the date on which the plan member’s pension is to start.

5. Being the “pension partner” means that

   (a) I am married to the plan member and have not been living separate and apart from that person for a continuous period longer than 3 years, or

   (b) if paragraph (a) above does not apply to me and there is no other person to whom paragraph (a) does apply, I have been living with the plan member in a marriage-like relationship for a continuous period of at least 3 years or in a relationship of some permanence if there is a child of our relationship by birth or adoption immediately preceding the date on which I have signed this waiver form.

I, _____ (name of pension partner), am the pension partner

of _____ (name of plan member).

6. Pension funds for the plan member are currently held in the Public Service Pension Plan (PSPP) (name of pension plan), a pension plan regulated in accordance with the *Employment Pension Plans Act* and the *Employment Pension Plans Regulation* (in this waiver form referred to as “the legislation”).

7. I understand that I do not have to sign this waiver form unless I agree to the plan member electing a form of pension that provides less than a 60% joint and survivor pension. Nonetheless, I am signing this waiver form to permit the plan member to choose:

   ☐ a different level of a joint and survivor pension, or

   ☑ a form of pension other than a joint and survivor pension, which will not guarantee a pension for my lifetime and may not provide me with any death benefit at all.

8. I understand that signing this waiver form does not affect any rights that I could have as a result of any breakdown or potential breakdown in the relationship between the plan member and myself.

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Personal information is collected under the authority of the *Joint Governance of Public Sector Pension Plans Act*, Sch 2, s 40; and the *Protection of Privacy Act*, ss 4(a), (c) for pension administration, member communication and service improvement. Automated systems may be used for internal analytics and decision support. Questions about the collection? Call the Member Services Centre at 1-877-453-1777.

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9. I understand that this waiver form has no effect unless it is signed and filed with the plan administrator not more than 90 days before the pension commencement date of the plan member.

10. I have chosen to sign this waiver form and, in so doing, give up my entitlement to the 60% joint and survivor pension required by the legislation.

**CERTIFICATION OF PENSION PARTNER**

I certify that

(a) I have read this waiver form and understand it and the potential results of my signing it,

(b) I have seen the plan member's retirement statement and know the potential impact this decision could have on any benefit that I am entitled to,

(c) I am signing this waiver form of my own free will,

(d) the plan member is not present while I am signing this waiver form,

(e) I realize that

(i) this waiver form only gives a general description of the legal rights I have under the legislation, and

(ii) if I wish to understand exactly what my legal rights are, I must read the legislation and, if necessary, consult a professional with pension expertise,

(f) the information that I have given in this waiver form is true, to the best of my knowledge, at the time when I sign this waiver form. If any of that information changes, I will notify the plan administrator of that change, and

(g) I am aware that I am entitled to a copy of this waiver form.

I sign this waiver form on _____ .
(date)

_____
Signature of Pension Partner

_____
Address of Pension Partner

_____
Telephone Number of Pension Partner

**STATEMENT OF WITNESS**

I certify that I am not related to this pension partner, and that I witnessed this pension partner sign this waiver form in the absence of the plan member on _____ .
(date)

_____ _____
Signature of Witness Print Name of Witness

_____
Address of Witness

_____
Telephone Number of Witness

For further information, please contact PSPP (name of plan administrator) at 1-877-453-1PSP (1777) (contact information) .

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