



Spousal Waiver of Pre-Retirement Death Benefits

1 Tell Us About You (Member information)

Social Insurance Number: ! Please proceed to next field using the Tab button

Last Name: First Name & Initial:

Name of Current Employer:

2 Waiver of Benefits (To be completed by spouse) (Complies with Form 2.1 PBA)

I, _____ (Your Full Name) _____ (Social Insurance Number)

of _____ (Mailing Address) _____ (City) _____ (Province) _____ (Postal Code)

certify that I am the spouse of the above named member (hereafter called "the member") of the Municipal Employees' Pension Plan bearing Registration Number 0355321.

I understand that, in the absence of this waiver, on the death of the member, I am entitled to a pre-retirement death benefit payable as either a lump-sum payment or in the form of a deferred or immediate pension.

I understand and declare that, by signing this waiver I am giving up my entitlement, on the death of the member, to 100% of the pre-retirement death benefit payable pursuant to subsection 20.1(2) of *The Municipal Employees' Pension Act*.

I understand that by signing this waiver:

- I will not be entitled to or be paid any pension entitlements pursuant to subsections 21(3)(a) or 21(3)(b) of *The Municipal Employees' Pension Act*;
- I will not be entitled to or be paid any pension entitlements pursuant to subsections 21(4) or 21(5) of *The Municipal Employees' Pension Act*; and,
- The pre-retirement death benefit I have waived pursuant to subsection 20.1(2) of *The Municipal Employees' Pension Act* will be made to either:
 - a beneficiary designated by the member; or
 - the estate of the member if there is no validly designated beneficiary.

I certify that this waiver is being signed freely and voluntarily without any compulsion on the part of the member and outside the immediate presence of the member.

I understand that this waiver is not valid unless it is signed and witnessed before the date of the member's death.

I understand that I may revoke this waiver at any time prior to the date of the member's death by providing written notice to the administrator of the Plan.

 Signature of Spouse

 Date (dd/mm/yyyy)

3 Certificate of Independent Legal Advice

I, _____, a lawyer licensed or otherwise entitled to practice law in Saskatchewan have explained the rights and entitlements to the aforementioned spouse under *The Municipal Employees' Pension Act*, and I witnessed the spouse's signature to waive 100% his/her rights under this Act through the signing of this document.

 Signature of Lawyer

 Name of Law Firm

 Address

 Date (dd/mm/yyyy)

 City, Province, Postal Code