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1-877-506-6377 (Toll free)
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Spousal Waiver of Survivor Benefits at Retirement

1 Tell Us About You (Please Print)

Reset Form

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 3 PBA)

I, _____
(Print Full Name of Spouse and his/her Social Insurance Number)

of _____ _____ _____ _____
Mailing Address City Province Postal Code

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

I understand that in the absence of this waiver, on the death of the pensioner, I am entitled to a pension of at least 60% of the original amount of the pension payable to the pensioner;

I also understand and declare that, by signing this waiver:

- I am giving up my entitlement, on the death of the pensioner, to a pension of at least 60% of the original amount of the pension payable to the pensioner;
- I am permitting the pensioner to receive a pension that does not comply with subsection 20.1(2) of *The Municipal Employees' Pension Act*; and
- on the death of the pensioner, I may receive no pension.

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

I understand that this waiver is not valid if it is signed more than 90 days before pension commencement.

I understand that I may revoke this waiver at any time before pension commencement by providing written notice to the administrator of the Plan.

_____
Signature of Spouse

Date: ▾ / / _____
day month year

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 his/her rights under this Act through the signing of this document.

_____
Signature of Lawyer

_____
Name of Law Firm

_____
Address

Date: ▾ / / _____
day month year

_____
City, Province, Postal Code