

**Form 2.1**  
[Subsection 32(3)]

**SPOUSE'S WAIVER OF PRE-RETIREMENT SURVIVOR BENEFIT  
PURSUANT TO CLAUSE 33(6)(a) OF *THE PENSION BENEFITS ACT, 1992***

I, \_\_\_\_\_, certify that I am the spouse  
(print or type full name of spouse)

(within the meaning of clause 2(1)(ff) of

*The Pension Benefits Act, 1992*) of \_\_\_\_\_  
(print or type full name of member or former member)

(hereinafter called "the member") who is a member or former member of a registered pension plan that is subject to the provisions of *The Pension Benefits Act, 1992*.

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

2. I understand and declare that, by signing this waiver, I am giving up my entitlement, on the death of the member, to any pre-retirement death benefit payable pursuant to section 33 of *The Pension Benefits Act, 1992*.

3. I understand that, by signing this waiver:

(a) I will not be paid any pre-retirement death benefit pursuant to section 33 of *The Pension Benefits Act, 1992*; and

(b) the payment of any pre-retirement death benefit pursuant to section 33 of *The Pension Benefits Act, 1992* will be made to either:

(i) a beneficiary designated by the member; or

(ii) the estate of the member if there is no validly designated beneficiary.

4. 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.

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

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

In witness whereof, I sign this waiver at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

in the presence of \_\_\_\_\_

(print or type name of witness)

of \_\_\_\_\_

(address of witness)

\_\_\_\_\_  
(Signature of witness)

\_\_\_\_\_  
(Spouse's signature)