

**FORM 2**

(sections 77, 81 (1) (b) (i) and (2) (a),  
83 (3) (d) (i) and (e) (i) and (4) (a) (i), 103 (4) (d) (ii) (A) and 121 (3) (c) (ii) (A))

**SPOUSE’S WAIVER OF 60% LIFETIME SURVIVOR BENEFIT AND/OR  
BENEFICIARY RIGHTS FROM A PENSION PLAN OR ANNUITY  
AFTER PAYMENTS START**

**WHEN TO USE THIS FORM**

Form 2 is used when

- a member of a pension plan who has a spouse wishes to start a pension,
- a member/former member of a pension plan who has a spouse wishes to purchase an annuity using benefits in a pension plan, locked-in retirement account or life income fund, or
- a member/former member of a pension plan who has a spouse will start receiving payments from an annuity that was purchased using the member’s/former member’s benefits in a pension plan, locked-in retirement account or life income fund.

**Right to a minimum 60% lifetime survivor’s benefit** – The member/former member must choose a pension or annuity that will, after the member’s/former member’s death, provide lifetime payments to his or her spouse that are at least 60% of the payments received by the member/former member, unless the spouse waives or gives up that right by signing this form.

**Beneficiary right** – If the member/former member dies after pension or annuity payments start, a spouse who has waived or given up the right to a minimum 60% lifetime survivor’s benefit is entitled, as beneficiary, to any remaining benefits in the pension or annuity, unless the spouse waives or gives up that right before the member’s/former member’s death by signing this form.

**WHEN THIS FORM CANNOT BE USED**

A spouse cannot use this form to waive or give up his or her right to a minimum 60% lifetime survivor’s benefit if the member/former member has started receiving pension or annuity payments.

A waiver made under this form is void and ceases to have any effect if the member/former member dies before pension or annuity payments start. If that is the case, Form 4 [*Spouse’s Waiver of Beneficiary Right to Benefits in a Pension Plan, Locked-in Retirement Account, Life Income Fund or Annuity Before Payments Start*] must be used, before the member’s/former member’s death, to waive or give up the spouse’s right as beneficiary to receive the member’s/former member’s benefits in a pension plan, locked-in retirement account, life income fund or annuity.

**WHEN THIS FORM IS NOT REQUIRED**

Form 2 is not required if section 145 of the *Family Law Act* applies to determine the rights of the member/former member and spouse when the relationship ends. Confirmation that section 145 applies must be provided to the pension plan administrator, locked-in retirement account issuer, life income fund issuer or insurance company holding the annuity.

*[Please print]*

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Spouse of member/former member [*see definition of “spouse” in section 1 of this form*]  
 Name.....  
 Address .....

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Email address .....

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Telephone .....

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Name of member/former member .....

Address .....

Email address .....

Telephone .....  
Name of pension plan holding funds/from  
which funds were transferred .....  
Address of plan administrator.....  
Plan's provincial registration number .....

*[Do not complete the following section if the benefits are in the pension plan]*

Name of locked-in retirement account issuer or life income fund issuer  
or insurance company holding annuity.....  
Address .....  
Account number .....

**I confirm the following:**

1. I am the spouse of the member/former member. Being the member's/former member's "spouse" means
  - (a) I am married to the member/former member and have not been living separate and apart from that person for a continuous period longer than 2 years immediately preceding the date on which I sign this form, or
  - (b) I have been living with the member/former member in a marriage-like relationship for a period of at least 2 years immediately preceding the date on which I sign this form.
2. I understand that because I am the member's/former member's spouse, the *Pension Benefits Standards Act* and the regulations under that Act give me the right to receive the following survivor's benefits:
  - (a) ***before pension or annuity payments start*** – I have the right as beneficiary, after the member's/former member's death, to receive the member's/former member's benefits in the pension plan and any locked-in retirement account, life income fund or annuity purchased using those benefits, unless I waive or give up that right by signing Form 4 [*Spouse's Waiver of Beneficiary Right to Benefits in a Pension Plan, Locked-in Retirement Account, Life Income Fund or Annuity Before Payments Start*];
  - (b) ***after pension or annuity payments start*** – If the member/former member starts receiving a pension or payments from an annuity purchased using his or her benefits in a pension plan, locked-in retirement account or life income fund,
    - (i) I have the right, after the member's/former member's death, to receive lifetime payments that are at least 60% of the payments that were paid to the member/former member, unless I waive or give up that right by signing this form, and
    - (ii) even if I waive or give up the right to receive those lifetime payments, I still have the right as beneficiary, after the member's/former member's death, to receive any remaining benefits in the pension or annuity, unless I waive or give up that right by signing this form.
3. I understand that signing this form does not affect
  - (a) the right I have under the *Pension Benefits Standards Act* that is set out in section 2 (a) of this form unless I waive or give up that right, or
  - (b) any rights I may have as a result of a breakdown of the relationship between me and the member/former member.
4. I understand that my survivor's benefits may have substantial value and may be important to provide me with income in my old age.
5. I have read this form and understand it.
6. I have reviewed current statements of the member's/former member's benefit entitlement provided by the plan administrator, locked-in retirement account issuer, life income fund issuer or insurance company holding the annuity.
7. Neither the member/former member nor anyone else has put any pressure on me to sign this form.
8. The member/former member is not present while I am signing this form.

- 9. The information I have given in this form is true, to the best of my knowledge, when I sign this form.
- 10. I am aware that I am entitled to a copy of this form.
- 11. I understand that
  - (a) this form gives only a general description of my legal rights under the *Pension Benefits Standards Act* and the regulations under that Act, and
  - (b) if I wish to understand exactly what my legal rights are, I must read the *Pension Benefits Standards Act* and the regulations under that Act and/or seek legal advice.

**I AM SIGNING THIS WAIVER TO WAIVE OR GIVE UP THE SPECIFIED RIGHT OR RIGHTS: [INITIAL ONE WAIVER ONLY]**

**WAIVER:** Right to a minimum 60% lifetime survivor's benefit

I waive or give up the right to receive, after the member's/former member's death, lifetime payments of at least 60% of the pension or annuity payments that were paid to him/her.

Instead, I will receive one of the following: *[Initial one]*

lifetime payments that are .....% *[specified joint and survivor benefit permitted under the plan/annuity]* of the lifetime payments that were paid to him/her;

payments during the .....-year guarantee period *[guarantee period permitted under the plan/annuity]*, if the member/former member dies before the end of the guarantee period.

**WAIVER:** Right to a minimum 60% lifetime survivor's benefit and beneficiary rights:

I waive or give up both of the following:

1. the right to receive, after the member's/former member's death, lifetime payments that will be at least 60% of the pension or annuity payments that were paid to him/her, and
2. the right as beneficiary to receive the benefits remaining in the member's/former member's pension or annuity, if any, if the member/former member dies after starting pension or annuity payments.

\_\_\_\_\_  
Date *[mm/dd/yyyy]*

\_\_\_\_\_  
Signed *[spouse]*

I witnessed this spouse sign this form in the absence of his or her spouse.

\_\_\_\_\_  
Signed *[witness to signature of spouse]*

Name of witness .....

Address of witness .....

**COMMENTS AND INSTRUCTIONS**

Survivor's benefits are important and can be valuable. The *Pension Benefits Standards Act* requires a specific form for waiving survivor's benefits to ensure that serious consideration is given to this decision.

When dealing with valuable assets, obtaining legal advice is usually considered prudent. This form is not a substitute for legal advice.

This form must be signed and witnessed, in the absence of the member/former member, not more than 90 days

- before the date the member's pension is to start, and provided to the plan administrator, or
- before the date annuity payments are to start, and provided to the plan administrator, locked-in retirement account issuer or life income fund issuer who is to purchase the annuity or the insurance company holding the annuity.

For further information, please contact the plan administrator, locked-in retirement account issuer or life income fund issuer or the insurance company holding the annuity.