Financial Services Commission of Ontario
5160 Yonge Street
Box 85
Toronto ON M2N 6L9

Form 4.1

Waiver of Survivor's Benefit from an Ontario Locked-in Account (LIRA, LIF or LRIF)

Approved pursuant to the Ontario *Pension Benefits Act*, R.S.O. 1990, c. P.8 (PBA)
This form is required by Regulation 909, R.R.O. 1990 (Regulation), Schedule 1, Schedule 1.1 or Schedule 2 to the Regulation

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Name of spouse of Ontario locked-in account owner

I, _____,
am the spouse, within the meaning of the *Pension Benefits Act*, of

Name of Ontario locked-in account owner

_____
who is the owner of an Ontario locked-in account (locked-in retirement account (LIRA), life income fund (LIF) or locked-in retirement income fund (LRIF)) with a
policy number or account number of administered by

Policy or account number and name of financial institution administering the Ontario locked-in account

_____ _____

I understand that upon the death of the owner, I am entitled to receive a survivor's benefit equal to the value of the assets in the Ontario locked-in account, and that I may waive my right to receive any survivor's benefit by signing this waiver and delivering it to the financial institution that administers the Ontario locked-in account.

I understand that if I sign this waiver, I will not be paid, upon the death of the owner of the Ontario locked-in account, any survivor's benefit provided by Regulation 909 made under *the Pension Benefits Act in* regard to the Ontario locked-in account referred to above*. Instead, payment of this benefit will be made to either,

(a) a beneficiary designated by the owner of the Ontario locked-in account, or
(b) the personal representative of the owner of the Ontario locked-in account for distribution as part of his or her estate.

I hereby waive my right to receive any survivor's benefit provided by Regulation 909 made under the *Pension Benefits Act* in regard to the Ontario locked-in account referred to above, by signing this waiver in the presence of a witness.

I understand that I may cancel this waiver at any time prior to the date of the death of the owner of the Ontario locked-in account by delivering a written and signed notice of cancellation to the financial institution which administers the Ontario locked-in account.

Day, Month, Year

Dated this _____ day of _____ , _____ .

_____ _____

Signature of witness *Signature of spouse of Ontario locked-in account owner*

_____

Name and address of witness (printed)

Prior to completing this form, you should get legal advice concerning your individual rights and the effect of this waiver.

Note: This waiver is not effective unless it is delivered to the financial institution that administers the Ontario locked-in account.

Note: Under privacy legislation, it is the responsibility of the financial institution to advise the owner and spouse of the purposes for which personal information is collected, used or disclosed, and to obtain any necessary prior consent from the owner and the spouse to any such collection, use or disclosure.