SPOUSAL WAIVER OF JOINT AND SURVIVOR PENSION
University of Waterloo Pension Plan

Prior to completing this form each party should consider obtaining independent legal advice concerning their individual rights and the effect of this waiver.

I, _________________________________, am the spouse,*
(name of member/former member's spouse)
as defined under the University of Waterloo Pension Plan, of
_______________________________who is entitled to a
(name of member/former member)
pension benefit under the University of Waterloo Pension Plan.

I am aware that, in the absence of a waiver, a pension payable to a member or former member who has a spouse on the date that the payment of the first installment of the pension is due must be paid as a pension with at least a 60% Joint and Survivor benefit as required by the University of Waterloo Pension Plan.

I understand that, I may waive any right to a survivor pension of at least 60% of my spouse's pension benefit, should my spouse predecease me. By waiving my right, my spouse will be able to elect an alternative form of pension which will provide me with no survivor pension or a pension which is less than the 60% survivor minimum.

*Spouse means at the time a determination of marital status is required, a person to whom the Member is:

a) legally married, provided the Member is not living separate and apart from that person; or
b) not legally married, but the Member and that person are cohabitating continuously in a conjugal relationship for at least three years; or
c) not legally married, but the Member and that person are cohabitating in a conjugal relationship of some permanence, and are jointly the natural or adoptive parents of a child, both as defined in the Family Law Act, 1986 (Ontario).
I hereby waive my right to a Joint and Survivor pension of at least 60% of my spouse’s pension benefit, as required by the University of Waterloo Pension Plan. The signature of my spouse, below, serves as an acknowledgement that he or she agrees to such a waiver.

I understand that we may revoke this waiver at any time by delivering to the administrator a written and signed notice prior to the date of the commencement of payment of my spouse's pension.

Dated at _________________________________, in the Province of _______________________________, this __________________________ day of _____________________________, ___________.

(month) (year)

______________________ _______________________________
(signature of member or former member) (witness, other than spouse, to signature of member or former member)

______________________ ________________________________
(signature of spouse) (witness, other than member or former member, to signature of spouse)