

# ***Spousal Waiver of Joint And Survivor Pension***

Plan Name: Brock University Pension Plan

Provincial Registration Number: 0327767

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I, \_\_\_\_\_, am the spouse, within the meaning of the  
*Name of Member's Spouse*  
Ontario Pension Benefits Act (see reverse), of \_\_\_\_\_  
*Name of Member*

who is entitled to a pension benefit under the Brock University Pension Plan .  
*Name of Plan*

I am aware that, in the absence of a waiver, a pension payable to a 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 ***Joint and Survivor Pension*** as required by section 44 of the ***Ontario Pension Benefits Act***.

I understand that I may waive any right to a survivor pension of at least 60 per cent of my spouse's pension benefit should my spouse pre-decease 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 per cent minimum.

I hereby waive my right to a joint and survivor pension as required by section 44 of the Ontario Pension Benefits Act. The signature of my spouse, below, serves as an acknowledgement that he or she agrees to such a waiver.

Dated at \_\_\_\_\_, in the Province of \_\_\_\_\_  
*City or Town*

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
*Signature of Spouse*

\_\_\_\_\_  
*Witness to  
Signature of Spouse*

\_\_\_\_\_  
*Signature of Member or Former Member*

\_\_\_\_\_  
*Witness to  
Signature of Member or Former Member*

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

**Note:**

This waiver is not effective unless it is delivered to the Plan Administrator or the insurance company, where appropriate, within the twelve month period immediately preceding the commencement of payment of the pension benefit as required by subsection 46(2) of the Ontario Pension Benefits Act.