

**Form P7**

(Division of Pensions Regulation, s. 4 (f))

**WITHDRAWAL OF NOTICE/WAIVER OF CLAIM**

*When to Use this Form*

*A Form P7 is used if a spouse decides to withdraw a notice or other document delivered to the administrator/annuity issuer, or give up the spouse’s claim to the benefits. A Form P5 or P7 cannot be withdrawn by this form, and a notice cannot be withdrawn once the benefit division arrangements are completed.*

*[Please print]*

**To: Administrator of plan/annuity issuer**

Name of plan/annuity:

**UFCW Union Pension Plan**

**c/o Bilsland Griffith Benefit Administrators**

Address of administrator/annuity issuer:

**Suite 1000 - 4445 Lougheed Highway**

**Burnaby BC V5C 0E4**

**From: Spouse of member/annuitant** [Note: “spouse” includes a person who has lived in a marriage-like relationship with the member/annuitant for a continuous period of at least two years and also includes a former spouse.]

Name of spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*[If spouse is deceased]*

Date of spouse’s death: \_\_\_\_\_

Name of spouse’s personal representative: \_\_\_\_\_

Contact information for spouse’s personal representative: \_\_\_\_\_

*[The administrator/annuity issuer will use this information to contact you about important matters. Make sure it is accurate and that you promptly advise the administrator/annuity issuer of any changes.]*

**In relation to: Plan Member/annuitant**

Name of member/annuitant: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Social Insurance or Plan Identity Number: \_\_\_\_\_

Employer: \_\_\_\_\_

*[continues on Page 2]*

[Check the correct box.]

- I withdraw the notice in Form \_\_\_\_\_ dated \_\_\_\_\_ [date].
- I withdraw \_\_\_\_\_ [identify document] dated \_\_\_\_\_ [date].
- I withdraw all forms and documents filed in connection with my claim to an interest in the member's/annuitant's benefits and waive my claim to any interest.

**Signed** \_\_\_\_\_  
[ ] spouse [ ] personal representative of the spouse

Date \_\_\_\_\_

**Signed (Witness)** \_\_\_\_\_

Name of Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_

**COMMENTS AND INSTRUCTIONS**

Your interest in the benefits is important, and the Family Law Act provides that withdrawing forms or documents, or a waiver of division of benefits, is not effective unless it is in this form. When dealing with valuable assets, obtaining legal advice is usually considered prudent. This form is not a substitute for legal advice.