

Form 2

(section 23.1, 29 (7) (h) and (9), 30 (8) (j) and (10), 31 (1) and 34 (2))

Spouse's Waiver of Entitlement Under The United Food and Commercial Workers Union Pension Plan

1. I, _____, am the "spouse" of _____ [full name], who is a member or former member of the United Food and Commercial Workers Union Pension Plan regulated by the *Pension Benefits Standards Act* of British Columbia.
2. Being the member or former member's "spouse" means that **(check one)**
 - I am married to the member or former member, and have not been living separate and apart from that person for the preceding two years,
 - I have been living with the member or former member, as husband and wife, for the preceding two years, or
 - I am the same gender as, and have been living with, the member or former member in a marriage like relationship for the preceding two years.
3. I understand that the *Pension Benefits Standards Act* requires that the benefits earned by a member or former member under a pension plan must be paid as at least a 60% joint and survivor pension. This means that if my spouse dies after the payments start, it is my entitlement to receive lifetime payments of at least 60% of the amount paid to my spouse unless I waive my entitlements.
4. I understand that if I sign this waiver form and it is filed with the plan administrator, I waive my entitlements to the minimum 60% joint and survivor pension. I further understand that signing this waiver means that **(check one)**
 - (a) if a pension is to be paid, my spouse may elect a pension that:
 - (i) gives me a different survivor benefit, or
 - (ii) gives me no survivor benefit at all, or
 - (b) if the pension is to be cashed out because the person who owns the entitlement is 65 or older and that person's total entitlements are less than the prescribed amount, because the person who owns the entitlement has ceased to be a resident of Canada, or due to shortened life expectancy
 - (i) payment will be made to my spouse as a cash lump sum or as a series of payments for a fixed period, and
 - (ii) this may give me no survivor benefit at all.
5. I certify that I am waiving my entitlements to receive the minimum 60% joint and survivor, and that
 - (a) I will receive **(check one)**
 - no payments after my spouse dies,
 - no payments after my spouse dies except for payments until _____ [date], under the _____ year guaranteed period,
 - payments of _____% (less than 60%) of the amount paid to my spouse after my spouse dies,
 - whichever of the above my spouse chooses;
 - (b) I have read this form and understand it;
 - (c) I have reviewed the information provided to my spouse by the plan administrator;
 - (d) neither my spouse nor anyone else has put any pressure on me to sign this form;
 - (e) my spouse is not present while I am signing this form;
 - (f) I realize that
 - (i) this form only gives a general description of the legal rights I have under the *Pension Benefits Standards Act* and the regulations, and
 - (ii) if I wish to understand exactly what my legal rights are, I must read the *Pension Benefits Standards Act* and regulations, and/or seek legal advice;
 - (g) I realize that I am entitled to a copy of this waiver form.

6. To waive my entitlements, I sign this waiver form at:

_____ [city] on _____ [date]

Signature of Spouse

Address of Spouse

Home Telephone No.

Work Telephone No.

STATEMENT OF WITNESS

I certify that

- (a) My full name is _____
- (b) My address is _____
- (c) I witnessed this spouse sign this waiver in the absence of his or her spouse.

Signature of Witness

Date

Home Telephone No.

Work Telephone No.

COMMENTS AND INSTRUCTIONS

This form must be completed where a spouse wishes to waive his or her entitlement to the 60% joint and survivor form of life annuity that is required under the *Pension Benefits Standards Act* of British Columbia.

This form must be:

- completed in its entirety,
- **signed by the spouse and witnessed on the same day and not earlier than 90 days before the date that the life annuity payments are to commence,**
- signed outside of the immediate presence of the annuitant, and
- filed with the pension plan administrator:

**UFCW Union Pension Plan
c/o Bilsland Griffith Benefit Administrators
501 – 4445 Lougheed Highway
Burnaby BC V5C 0E4
Toll Free: 1-888-345-8329 Fax: 604-433-8894**

For further information, please contact the plan administrator, your employer, savings institution or insurance company holding the money, or the Pensions Department of the Financial Institutions Commission of British Columbia, 2800 – 555 West Hastings Street Vancouver BC V6B 4N6; T: (604) 660-3555, F: (604) 660-3365.