

This form is required for the pension partner to waive his or her rights to pre-pension commencement death benefits.
This Declaration must be completed before a Commissioner for Oaths or Notary Public.
For the purposes of this form, any reference to the Minister means Alberta Pensions Services Corporation (APS).
Once the form is completed, return it to:
SFPP c/o APS, 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.

Statutory Declaration

CANADA)
FOR PROVINCE)
OF ALBERTA)
TO WIT)

IN THE MATTER OF A PENSION
PARTNER WAIVER OF BENEFITS
UNDER THE
SPECIAL FORCES PENSION PLAN

[NOTE: In interpreting this waiver form, “the legislation” is to be taken to mean the provisions of the *Public Sector Pension Plans Act* and the subordinate legislation under it that applies with respect to the Plan.]

I, _____
Full Name of “pension partner”

of the _____ of _____ in _____
Municipal Status Municipality Province/Territory/State/Country (if other than Canada)

solemnly declare as follows:

I, _____, am a “pension partner” of _____
(name) insert name of participant/former participant

(in this waiver referred to as “the prospective pensioner”) who, at the time of my signing this waiver, is alive, has not commenced to receive a pension or received the benefit in question and has employee contributions credited to him/her under the Special Forces Pension Plan. The money representing the benefits earned remains in the Plan.

Being the prospective pensioner’s “pension partner” means that

- (a) I am married to the prospective pensioner and have not been living separate and apart from him or her for 3 or more consecutive years, or
- (b) if paragraph (a) above does not apply to me and there is no other person to whom paragraph (a) applies, I have been living with the prospective pensioner in a conjugal relationship for a continuous period of at least 3 years or, if there is a child of our relationship by birth or adoption, of some permanence.

I understand that if I do not execute and file with the Minister this waiver and the prospective pensioner dies before any form of benefit is or commences to be paid (which time is in this waiver referred to as “pension commencement”) and if I am a pension partner of the deceased at his or her death, I am entitled to receive a pre-pension commencement death benefit under the legislation. That benefit is the value of the benefit at death.

I understand that if I give up my pension partner right to receive any pre-pension commencement death benefit by signing and filing with the Minister this waiver, payment of that benefit will be made either to

- (a) a beneficiary, excluding myself, designated by the prospective pensioner, or
- (b) the deceased’s estate.

Nevertheless, I give up my right to receive the pre-pension commencement death benefit payment otherwise required by the legislation.

This waiver does not affect any rights that I could have arising as a result of any breakdown or potential breakdown in the relationship between the prospective pensioner and myself.

Personal information on this form is collected under the authority of section 9.2 of the Alberta Public Sector Pension Plans Act and section 33 of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of the pension partner waiving his or her rights to survivor pension benefits. If you have any questions regarding the collection of this information, contact the Member Services Centre (MSC) at 1-877-809-SFPP (7377), or write the MSC, c/o 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.

I have chosen to sign this waiver and in so doing I give up my right to receive any pre-pension commencement death benefit payment and to any potential right that I may otherwise have under any designation of myself as beneficiary signed by the prospective pensioner.

CERTIFICATION

I certify that

- (a) I have read this waiver and understand it or the potential results of my signing it,
- (b) I have read the prospective pensioner's most recent annual statement or a statement from the Minister showing the balance in his or her account and know the approximate current value of the benefit I am giving up as a result of executing this waiver,
- (c) I am signing this waiver of my own free will,
- (d) the prospective pensioner is not present while I am signing this waiver,
- (e) I have either obtained independent advice about the implications of signing this waiver or I do not wish to obtain such advice,
- (f) I realize that
 - (i) this waiver only gives a general description of the legal rights I have under the legislation, and
 - (ii) if I wish to understand exactly what my legal rights are, I must read the legislation applicable and, if necessary, consult a professional with pension expertise,and
- (g) I understand that I have the right to cancel this waiver at any time before the prospective pensioner dies or is paid or commences to be paid the benefit by filing with the Minister a properly executed revocation of it.

To waive my rights described above, I sign this waiver form.

AND I MAKE this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before _____)
printed name of Commissioner for Oaths

at the _____ of _____)
city, town, village, etc. name of city, town, village, etc. (signature of pension partner)

in _____ this _____)
province/territory day

day of _____ , _____)
month year

signature of Commissioner for Oaths

expiry date of commission, if applicable