

Pension Partner Waiver of Entitlement to a Death Benefit After Pension Commencement from a Pension Plan

- This waiver form must be signed by a pension partner in order to waive that person's entitlement to the payment of a death benefit from a pension plan, if the plan member dies after his or her pension commencement date.
- This waiver form is not valid unless it is signed and filed with the plan administrator at any time on or after the pension commencement date of the plan member. This waiver form may be revoked at any time prior to the death of the plan member.

1. Sections 78(12) of the *Employment Pension Plans Regulation* and 90(4) of the *Employment Pension Plans Act* (SA 2012 cE-8.1) requires that if a pension partner of a plan member has waived entitlement to the 60% joint and survivor pension by signing and filing with the plan administrator a Form 4 – Pension Partner Waiver of Entitlement to a 60% Joint and Survivor Pension from a Pension Plan, that pension partner remains the beneficiary of a death benefit, if any, that is payable from the pension plan on the death of the plan member after the pension commencement date of that person.
2. If a pension partner does not want to be the beneficiary of any death benefit payable after the pension commencement date of the plan member, that person must waive that entitlement by signing this waiver form.
3. The “pension commencement date” is the date the plan member selects as the date on which the plan member’s pension is to start.
4. Being the “pension partner” means that
 - (a) I am married to the plan member and have not been living separate and apart from that person for a continuous period longer than 3 years, or
 - (b) if paragraph (a) above does not apply to me and there is no other person to whom paragraph (a) does apply, I have been living with the plan member in a marriage-like relationship for a continuous period of at least 3 years or in a relationship of some permanence if there is a child of our relationship by birth or adoption immediately preceding the date on which I have signed this waiver form.

I, _____, am the pension partner
(name of pension partner)
of _____.
(name of plan member)

5. Pension funds for the plan member are currently held in _____ the **Special Forces Pension Plan (SFPP)** _____, a pension plan regulated in accordance with the *Employment Pension Plans Act* and the *Employment Pension Plans Regulation* (in this waiver form referred to as “the legislation”).
6. I understand that I am the beneficiary of the benefit, if any, payable on death of the plan member. I further understand that I give up that entitlement by signing this waiver form.
7. I understand that if I sign this waiver form and it is filed with the plan administrator, this means the plan member may name someone else as the beneficiary of the death benefit, if any, or may leave it to his/her estate.
8. I understand that I may change my mind and revoke this waiver form at any time by providing written notice of such revocation to the plan administrator. If I revoke this waiver form, I am again entitled to the death benefit payable from the pension plan.
9. I understand that signing this waiver form does not affect any rights that I could have as a result of any breakdown or potential breakdown in the relationship between the plan member and myself.

Personal information on this form is collected under the authority of section 39 of Schedule 3 of the *Alberta Joint Governance of Public Sector Pension Plans Act* and section 33 of the *Alberta Freedom of Information and Protection of Privacy Act* for pension administration purposes. If you have any questions regarding the collection of this information, contact the SFPP Member Services Centre at 1-877-809-7377, or write to: 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.

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10. I understand that this waiver form has no effect until it is signed and filed with the plan administrator.
11. I have chosen to sign this waiver form and, in so doing, agree that I have no further entitlement in the plan member's benefit.

CERTIFICATION OF PENSION PARTNER

I certify that

- (a) I have read this waiver form and understand it and the potential results of my signing it,
- (b) I have seen a current statement of the plan member's benefit entitlement and know the potential impact this decision could have on any benefit that I am entitled to,
- (c) I am signing this waiver form of my own free will,
- (d) the plan member is not present while I am signing this waiver form,
- (e) I realize that
 - (i) this waiver form 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 and, if necessary, consult a professional with pension expertise,
- (f) the information that I have given in this waiver form is true, to the best of my knowledge, at the time when I sign this waiver form. If any of that information changes, I will notify the plan administrator of that change, and
- (g) I am aware that I am entitled to a copy of this waiver form.

I sign this waiver form on _____.
(date)

Signature of Pension Partner

Address of Pension Partner

Telephone Number of Pension Partner

STATEMENT OF WITNESS

I certify that I am not related to this pension partner, and that I witnessed this pension partner sign this waiver form in the absence of the plan member on _____.
(date)

Signature of Witness

Print Name of Witness

Address of Witness

Telephone Number of Witness

For further information, please contact _____ SFPP _____ at _____ 1-877-809-7377 _____.
(name of plan administrator) (contact information)

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