LiUNA! Pension Fund
OF CENTRAL AND EASTERN CANADA

WAIVER OF JOINT & SURVIVOR PENSION FORM

Approved pursuant to the Ontario Pension Benefits Act (R.S. O. 1990, c. P.8, as amended)

MEMBER INFORMATION (This section must be completed)

Social Insurance Number	Last Name	First Name

SPOUSE/COMMON-LAW PARTNER INFORMATION

Social Insurance Number	Last Name	First Name

We, named above, certify that we are spouses within the meaning of the Pension Benefits Act.

We understand that section 44 of the Pension Benefits Act provides that the pension paid to the member or former member from the LiUNA Pension Fund of Central and Eastern Canada must be paid as a joint and survivor pension if we are spouses on the date that the payment of the first installment of the pension is due and if we are not living separate and apart at that time.

We also understand that the amount of pension payable to the surviving spouse must not be less than 60% of the pension paid to the member while we are both alive.

We understand that we may waive our right to the joint and survivor pension provided by section 44 of the Pension Benefits Act by signing this waiver.

We understand that by signing this waiver, the surviving spouse will not be entitled to any joint and survivor pension provided by section 44 of the Pension Benefits Act.

We hereby waive our right to a joint and survivor pension provided by section 44 of the Pension Benefits Act by signing this waiver in the presence of a witness.

We understand that we may cancel this waiver at any time before the date of the commencement of payment of the member's or former member's pension.

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

AUTHORIZATION AND SIGNATURE (This section must be completed)

Dated on this _____ day of _____, _____
(day) (month) (year)

Signature of Member	Signature of Spouse
Name of Witness (print)	Name of Witness (print)
Signature of Witness	Signature of Witness
Address of Witness	Address of Witness

Please note: The Witness must NOT be related in any way to the Member or Spouse

NOTE: *This waiver is not effective unless it is delivered to the administrator of the pension plan or the insurance company, where appropriate, within the twelve months preceding the commencement of payment of the pension benefit as required by subsection 46(2) of the Pension Benefits Act.*