

- 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 before he or she starts to receive retirement income.
- This waiver form does not give up an entitlement to receive a 60% Joint and Survivor pension nor does it give consent to the establishment of a Life Income Fund (LIF) or a Life Income Type Benefits (LITB) account.
- This waiver form is not valid unless it is signed and filed with the plan administrator. This waiver form may be revoked at any time.

1 Section 89(1) of the *Employment Pension Plans Act* (SA 2012 cE-8.1) requires that a pension partner of a plan member is the beneficiary of any benefit payable from a pension plan upon the death of the plan member before the pension commencement date of that person. If a pension partner does not want this death benefit, that person must waive that entitlement by signing this waiver form.

2 A minimum 60% joint and survivor form of pension is a pension that is payable during the lives of the plan member and his or her pension partner and, after the death of one of them, is payable to the survivor for life in an amount that is not less than 60% of the amount that would have been payable to the plan member had the death not occurred.

3 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 of

Name of Pension Partner

\_\_\_\_\_

Name of Plan Member

4 Pension funds for the plan member are currently held in Electrical Industry Pension Trust Fund of Alberta,  
Name of Pension Plan  
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").

5 I understand that I am the beneficiary of the benefit payable on death of the plan member before the pension commencement date of that person. I further understand that I give up that entitlement by signing this waiver form.

6 I understand that if I sign this waiver form and it is filed with the plan administrator, this means that the plan member may name someone else as the beneficiary of the death benefit or may leave it to his/her estate.

7 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.

8 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.

9 I understand that this waiver form has no effect until it is signed and filed with the plan administrator.

10 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 approximate current value of the benefit of the plan member and 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 the change, and
- (g) I am aware that I am entitled to a copy of this waiver form.

I sign this waiver form on \_\_\_\_\_.  
*Dated (mmm dd, yyyy)*

\_\_\_\_\_  
Address of Pension Partner

\_\_\_\_\_  
Telephone Number of Pension Partner

\_\_\_\_\_  
Signature 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 \_\_\_\_\_.  
*Dated (mmm dd, yyyy)*

\_\_\_\_\_  
Name of Witness (PRINT)

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

\_\_\_\_\_  
Telephone Number of Witness

\_\_\_\_\_  
Signature of Witness

For further information, please contact \_\_\_\_\_ **Employee Benefit Funds Administration Ltd.** \_\_\_\_\_  
Name of Plan Administrator

at \_\_\_\_\_ **780-465-2282, press 2 for pension** \_\_\_\_\_  
Contact Information