



PSSP Liquor Board Workers' Compensation STC Anti-TB PCSP

Waiver of Spousal Benefits

SECTION A: MEMBER INFORMATION (Please Print)

Social Insurance Number	Last Name	First Name and Initial
Mailing Address	City	Province Postal Code
Birthdate (day/month/year)	Phone Number(s) Home Business	E-mail Address

SECTION B: WAIVER

I, _____ (Please Print) certify that I am the spouse of the above named member (hereafter referred to as "the member") of the Superannuation Plan indicated above, registered with the Canada Revenue Agency (hereafter referred to as "the Plan"). (The term "spouse" is defined in *The Superannuation (Supplementary Provisions) Act*.)

As a spouse, I understand that I am entitled to a benefit upon the death of the member. I also understand that depending upon the options chosen by the member, our children may also be entitled to benefits upon the death of the member.

In accordance with section 28.2 of *The Superannuation (Supplementary Provisions) Act*, I hereby:

- waive my entitlement to the benefit otherwise payable to me upon the death of the member and I will receive zero dollars (\$0.00) as a surviving spouse of the member;
- understand that the waiver is irrevocable;
- certify that this form is being signed freely and voluntarily without any pressure on the part of the member and outside the immediate presence of the member;
- acknowledge that my lawyer has explained my rights under *The Public Service Superannuation Act* and *The Superannuation (Supplementary Provisions) Act*; and
- relinquish my rights effective upon the date of receipt of this declaration of the Public Employees Benefits Agency, Department of Finance, as administrator of the Public Service Superannuation Plan.

I also understand that by completing and filing this form with the Public Service Superannuation Plan I waive all rights on behalf of myself, heirs and executors to my entitlement to a benefit in the event of the death of the member (see reverse for additional information).

In accordance with subsection 29.01 (2) of *The Superannuation (Supplementary Provisions) Act*, I hereby waive my entitlement to the surviving spousal pension benefit referred to above and I will receive zero dollars (\$0.00) as a surviving spouse.

I hereby relinquish my rights effective upon the date of receipt of this declaration by the administrator of the Public Service Superannuation Plan.

Signature of Spouse

Date (day/month/year)

SECTION C: CERTIFICATE OF INDEPENDENT LEGAL ADVICE

I, _____ (Please Print), a lawyer licensed or otherwise entitled to practice law in the Province of Saskatchewan, have explained the rights and entitlements to the aforementioned spouse under *The Public Service Superannuation Act* as amended from time to time and the regulations thereto, and I have witnessed the spouse's signature to waive his or her rights under these Acts through the signing of this document.

Signature of Lawyer

Name of Firm

Date Signed (day/month/year)

PO Box, Street Address

City, Province, Postal Code

See reverse for additional information.

COMMENTS AND INSTRUCTIONS

Purpose of the Form

The purpose of this form is to provide the spouse of a member of the Public Service Superannuation Plan with the opportunity to waive entitlement to any and all benefits that may become payable to the spouse upon the death of the member.

Definition of Spouse/New Spouse

The most current definition of spouse can be found in the glossary on our website.

It is important to note that completion and filing of this waiver allows the member to designate benefits to a “new spouse” as described under section 28.3 of *The Superannuation (Supplementary Provisions) Act*. Subsection 28.3(1) of this Act provides, in part, as follows:

‘28.3(1) In this section “**new spouse**” means, in relation to a superannuate:

- A. a person who becomes a spouse of the superannuate after:
 - i. the superannuate commences receiving an allowance, having no spouse at that date;
 - ii. the superannuate is predeceased by a spouse; or
 - iii. a spouse of the superannuate waives entitlement to an allowance pursuant to section 28.2; or
- B. a person who is a spouse of the superannuate when a former spouse of the superannuate waives entitlement to an allowance pursuant to section 28.2.’

The waiver of spousal benefits form must be completed in its entirety and signed outside the immediate presence of the member, in the presence of a lawyer licensed or otherwise entitled to practice law in the Province of Saskatchewan. To become effective, the form must be filed with the Public Employees Benefits Agency, Department of Finance, as administrator of the Public Service Superannuation Plan.

Governing Legislation

The Public Service Superannuation Plan is governed by *The Public Service Superannuation Act* and *The Superannuation (Supplementary Provisions) Act*, as amended from time to time, and regulations thereto. *The Pension Benefits Act, 1992* does not pertain to the Public Service Superannuation Plan.

Certificate of Independent Legal Advice

To ensure that a member’s spouse is fully aware of the content and implications of this form, the form must be explained by and completed in the presence of a lawyer licensed or otherwise entitled to practice law in the Province of Saskatchewan. The lawyer is required to complete Section C: Certificate of Independent Legal Advice as verification.

For more information please contact:

Public Service Superannuation Plan
c/o Public Employees Benefits Agency
1000 - 1801 Hamilton Street
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