

## Spouse's Consent and Waiver of Post-Retirement Survivor Benefits

The spouse of a member of the Public Employees Pension Plan is entitled, on the member's death after retirement, to a benefit of at least 60 per cent of the original pension payable to the member.

The options named in Section B may not or do not meet that requirement. Under these three options, it is possible that the spouse will receive no pension - zero dollars - after the member's death. The member can transfer money from the PEPP account to a variable benefit account, a prescribed registered retirement income fund contract, or a life annuity with a less than 60 per cent survivor benefit only if the spouse agrees to the transfer and notifies PEPP by completing this form and submitting it to the address listed above. **PLEASE SEND IN ORIGINAL FORM.**

This form must be completed and signed by the spouse outside the immediate presence of the member and must be witnessed by a Notary Public or Commissioner of Oaths for Saskatchewan. If you reside outside Saskatchewan or Canada, please contact PEPP to determine suitable witness.

This form is designed based on Saskatchewan legislation. Please contact PEPP if you are or were working outside Saskatchewan as your pension may be subject to the legislation of another province.

| SECTION A: MEMBER AND SPOUSE'S INFORMATION (Please print) MUST BE COMPLETED BY MEMBER               |  |  |                             |
|---|--|--|-----------------------------|
| Last Name of Member   |  | First Name and Initial of Member   |                             |
| Mailing Address   | City   | Province   | Postal Code                 |
| Member's PEPP Account Balance (day/month/year)<br>\$ _____ as at ___ / ___ / _____                  |  | PEPP Member Number   |                             |
| Spouse's Last Name  |  | Spouse's First Name and Initial<br>(For definition of spouse, please refer to the PEPP Member Booklet) |                             |
| SECTION B: DETAILS OF THE TRANSFER  |  |  |                             |
| I hereby authorize the member to direct the account balance at the date of the transfer as follows: |  |  |                             |
| a.  | PEPP Variable Pension Benefit (VPB)  | _____ %  | _____ spouse's initial here |
| b.  | prescribed Registered Retirement Income Fund (pRRIF)   | _____ %  | _____ spouse's initial here |
| c.  | Life Annuity   | _____ %  | _____ spouse's initial here |
| SECTION C: SPOUSE'S CONSENT TO THE TRANSFER   |  |  |                             |
| 1.  | I understand that the member wants to transfer money to a variable benefit account (hereinafter called "the account") in accordance with section 29.2 of <i>The Pension Benefits Regulations, 1993</i> , and/or to a prescribed registered retirement income fund (pRRIF) contract (hereinafter called "the contract") in accordance with section 29.1 of <i>The Pension Benefits Regulations, 1993</i> and that my written consent is required to enable the member to make the transfer. |  |                             |
| 2.  | I declare that, by signing this consent and filing it with the administrator of the plan:  |  |                             |
| a.  | I am authorizing the member to manage the money in the account and/or the contract, subject to the minimum annual withdrawal payment required by the <i>Income Tax Act</i> (Canada); and   |  |                             |
| b.  | I understand that:   |  |                             |
|   | i. transferring the pension benefit entitlement to the account or contract will allow the owner to manage the contract, subject to the minimum annual withdrawal payment required by the <i>Income Tax Act</i> (Canada); and   |  |                             |
|   | ii. there is <u>no maximum withdrawal</u> restriction imposed under the account or the contract and I am authorizing the member to withdraw part or all of the balance of the money at any time.   |  |                             |
| 3.  | I certify that this consent is being signed freely and voluntarily without any compulsion on the part of the member and outside the immediate presence of the member.  |  |                             |

**Turn to reverse for signature box.**

**SECTION D: SPOUSE'S WAIVER OF 60 PER CENT POST-RETIREMENT SURVIVOR BENEFIT**

1. I understand that, in the absence of this waiver, on the death of the member, I am entitled to a pension of at least 60 per cent of the original amount of the pension payable to the member.
2. I also understand and declare that, by signing this waiver:
  - a. I am giving up my entitlement, on the death of the member, to a survivor benefit of at least 60 per cent of the original amount of the pension payable to the member;
  - b. I am permitting the member to receive a pension that does not comply with section 20(5) of *The Public Employees Pension Plan Act* or with section 34 of *The Pension Benefits Act, 1992*; and
  - c. On the death of the member, I may receive **no pension or an annuity of less than 60 per cent of the original amount of the pension** payable to the member.
3. I certify that this waiver is being signed freely and voluntarily without any compulsion on the part of the member and outside the immediate presence of the member.
4. I understand that this waiver is not valid if it is signed **more than 90 days** before pension commencement.
5. I understand that I may revoke this waiver at any time before pension commencement by providing written notice to the administrator of the pension plan or issuer of the contract, as the case may be.

**SECTION E: CERTIFICATE OF CONSENT AND WAIVER**

I certify that I am the spouse of the above named member and that I have read and understand the content of the above sections. By signing this certificate I consent to the transfer of money from the member's account as set out in Section B and waive my entitlement to a survivor benefit of at least 60 per cent.

\_\_\_\_\_  
Signature of Spouse

Declared before me at the city/town/village of \_\_\_\_\_ in the  
province of \_\_\_\_\_, country of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

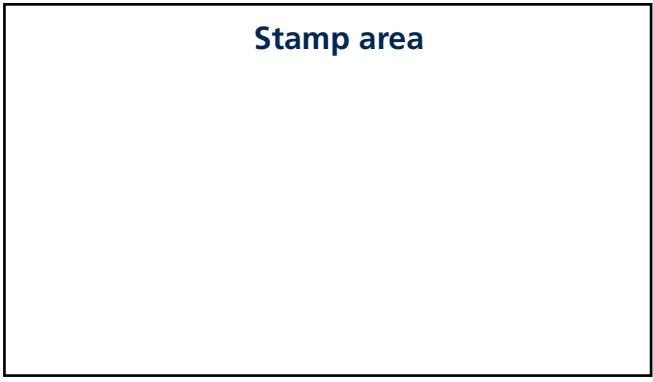
Witnessed spouse's identification

\_\_\_\_\_  
Signature of Notary Public/Justice of the Peace/Commissioner for Oaths in  
and for Saskatchewan

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date Signed (day/month/year)



**SECTION G: TO BE COMPLETED BY PEPP ADMINISTRATION**

Entered by \_\_\_\_\_ Date \_\_\_\_\_ Confirmed by \_\_\_\_\_ Date \_\_\_\_\_

**For more information please see our website at [www.peba.gov.sk.ca](http://www.peba.gov.sk.ca) or contact us at the address listed on the front of this form.**