

Under the Pension Plan terms, in relation to a member or former member employed in PEI, "**spouse**" means the person who:

- a) is married to the member or former member; or
- b) has entered into a marriage with the member or former member that is voidable or void; or
- c) is not married to the member or former member but has cohabited in a conjugal relationship with the member or former member continuously for a period of at least three (3) years; or
- d) is not married to the member or former member but is cohabiting with the member or former member in a conjugal relationship, and together they are the natural or adoptive parents of a child as defined in the *Family Law Act* (Prince Edward Island).

*Name of member or former member*

We,

\_\_\_\_\_ (referred to below as the "member or former member")

*Name of spouse of member or former member*

and

\_\_\_\_\_ (referred to below as the "spouse")

certify that we are spouses within the meaning of the Pension Plan.

We understand that the terms of the Pension Plan provide that the pension paid to the member or former member from the Pension Plan must be paid as a joint and survivor pension if we are spouses on the date that the payment of the first instalment 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 or former member while we are both alive.

We understand that we may waive our right to the joint and survivor pension provided by the terms of the Pension Plan by signing this waiver.

**We understand that by signing this waiver, the spouse is giving up the right to a survivor pension on the death of the member or former member, as provided by the terms of the Pension Plan.**

We hereby waive our right to a joint and survivor pension provided by the terms of the Pension Plan 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.

*Day, Month, Year*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Signature of witness*

\_\_\_\_\_  
*Signature of member or former member*

\_\_\_\_\_  
*Name and address of witness (printed)*

\_\_\_\_\_  
*Signature of witness*

\_\_\_\_\_  
*Signature of spouse of member or former member*

\_\_\_\_\_  
*Name and address of witness (printed)*

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

**NOTE:** This waiver is not effective unless it is **dated, signed and delivered** to the administrator of the Pension Plan within the **twelve months preceding the commencement of payment of the pension benefit.**