

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 spouse of
member or former
member* I,

am or was the spouse, within the meaning of the Pension Plan, of

*Name of member or
former member*

who is or was entitled to a pension benefit under the Pension Plan.

I understand that the terms of the Pension Plan provide that if my spouse dies,

- a) before payment of the first instalment of his or her deferred pension or pension is due; or
- b) where my spouse continues in his or her employment after the normal retirement date, prior to the commencement of payment of pension benefits,

then I am entitled to receive a pre-retirement death benefit of either a lump sum payment or an immediate or deferred pension from the Pension Plan at the date of my spouse's death if I am not living separate and apart from my spouse at that time.

I understand that I may waive my right to receive any pre-retirement death benefit by signing this waiver.

I understand that if I sign this waiver, I will not be paid any pre-retirement death benefit provided by the terms of the Pension Plan. Instead, payment of this benefit will be made to either,

- a) a beneficiary designated by my spouse; or
- b) the personal representative of my spouse for distribution as part of his or her estate.

I hereby waive my right to receive any pre-retirement death benefit provided by the terms of the Pension Plan by signing this waiver in the presence of a witness.

I understand that I may cancel this waiver at any time prior to the date of my spouse's death.

Day, Month, Year Dated this _____ day of _____, _____.

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 **delivered to the administrator of the Pension Plan** as required by the terms of the Pension Plan.