



Financial Services  
Commission  
of Ontario

5160 Yonge Street  
Box 85  
North York ON M2N 6L9

## Form 4

### Waiver of Pre-retirement Death Benefit

Approved pursuant to the Ontario *Pension Benefits Act* (R.S.O. 1990, c. P.8, as amended)

Name of spouse of  
member or former  
member

I, \_\_\_\_\_,  
am or was the spouse, within the meaning of the *Pension Benefits Act*, of

Name of member or  
former member

\_\_\_\_\_

who is or was entitled to a pension benefit under the

Name of pension plan

\_\_\_\_\_

(referred to below as the "pension plan")

I understand that section 48 of the *Pension Benefits Act* provides that if my spouse dies,

- (a) prior to the payment of a deferred pension; 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 life annuity 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 section 48 of the *Pension Benefits Act*.** 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 section 48 of the *Pension Benefits Act* 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)

**Prior to completing this form, you should consider obtaining independent legal advice concerning your 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 subsection 48(14) of the *Pension Benefits Act*.