

# Form 6

## Spousal Waiver

### Joint & Survivor Pension Benefits

#### ► Why complete this form?

Complete this form if the following statements are true:

- You are a member or former member of a pension plan entitled to receive payment of a pension from a pension plan or life annuity.
- You and your spouse both agree that your spouse will waive their right to any joint and survivor pension benefits provided by Section 63 of the Pension Benefits Act.

**Before you and your spouse complete this form**, you should have private conversations with separate lawyers about how the completion of this form affects your individual rights.

#### 1 ► Give information about the pension plan or life annuity

Name of plan: \_\_\_\_\_  
\_\_\_\_\_  
Registration number: \_\_\_\_\_  
Annuity account number: \_\_\_\_\_  
Name of the administrator or financial institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Phone number: \_\_\_\_\_

#### 2 ► Give information about the member or former member

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_ Middle name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Date of birth (yyyy/mm/dd): \_\_\_\_\_

#### 3 ► Give information about the spouse

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_ Middle name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Phone number: \_\_\_\_\_

**4 ▶ Sign the member or former member's certification and acknowledgement**

**I certify** that I am a member or former member of the pension plan named in this form.

**I understand** that if I retire and die before my spouse, the Pension Benefits Act gives my spouse the right to receive at least 60 per cent of the pension that would have been paid to me.

**I understand** that completing and signing this form takes away my spouse's right to receive the benefits described above.

**I understand** that my spouse and I may cancel this waiver at any time BEFORE the date the first instalment of the pension is due.

<b>Signature of member or former member:</b> _____	Date (yyyy/mm/dd): _____
Signature of witness: _____	Date (yyyy/mm/dd): _____

This waiver must be signed before a witness. Your witness

- must be at least 18 years of age
- must NOT be your spouse
- must see you sign the form
- must sign, print their name, and date this form immediately after seeing you sign and date this form

**5 ▶ Give information about the witness**

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone number: \_\_\_\_\_

**6 ▶ Sign the spouse's certification and waiver**

**I certify** that I am the spouse of the member or former member named in this form.

**I understand** that if my spouse retires and dies before me, the Pension Benefits Act gives me the right to receive at least 60 per cent of the pension that would have been paid to my spouse.

**I understand** that by completing this form and signing this waiver, I give up the right to receive the benefits described above.

**I understand** that my spouse and I may cancel this waiver at any time BEFORE the date the first instalment of the pension is due.

<b>Signature of spouse:</b> _____	Date (yyyy/mm/dd): _____
Signature of witness: _____	Date (yyyy/mm/dd): _____

This waiver must be signed before a witness. Your witness

- must be at least 18 years of age
- must NOT be your spouse
- must see you sign the form
- must sign, print their name, and date this form immediately after seeing you sign and date this form

**7 ▶ Give information about the witness**

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone number: \_\_\_\_\_

**8 ▶ Give this waiver to the administrator or insurance company that looks after your pension plan or life annuity.**

**Do not give this waiver** to the Department of Finance and Treasury Board, Pension Regulation Division

**Note:** This waiver comes into effect ONLY AFTER it is delivered to the administrator of the pension plan.

*It is an offence under the Criminal Code for anyone to knowingly make or use a false document with the intent that it be acted upon as genuine.*

*This form is approved by the Superintendent of Pensions under the Pension Benefits Act.*

**Questions? Call 902-424-8915 or email [pensionreg@novascotia.ca](mailto:pensionreg@novascotia.ca)**

## **How we define spouse, domestic contract, member, former member, and waiver**

### **Spouse**

- The person you are married to.
- The person you are married to, if the marriage hasn't been legally ended.
- The person you thought you were married to, if you are still living together.
- The person you thought you were married to, if you have lived together in the last 12 months.
- The person who is your registered domestic partner under the Vital Statistics Act.
- The person you have been living with in a sexual relationship for at least one year, if neither of you are married to someone else.
- The person you have been living with in a sexual relationship for at least three years, even if one or both of you are married to someone else.

### **Domestic contract**

A domestic contract means

- a written agreement that provides for a division between spouses of a pension benefit, deferred pension, or pension.
- a marriage contract as defined in the Matrimonial Property Act

**Member** – member of a pension plan

**Former member** – a person who is entitled to pension benefits and

- is no longer employed by the organization that provides the pension
- is no longer a member of the pension plan

Note: A person who had the right to some pension benefits earned by a spouse and is no longer in a relationship with that spouse is NOT considered a former member.

**Waiver** – a written agreement in which a person gives up a right to something to which they would ordinarily be entitled. For example, a written agreement in which a spouse gives up the right to receive pension benefits to which they would ordinarily be entitled.