

Form 1 (British Columbia Pension Benefits Standards Regulation, sections 72 (4), 111 (a) and 130 (a))

SPOUSE'S WAIVER TO PERMIT BENEFITS IN A PENSION PLAN,  
LOCKED-IN RETIREMENT ACCOUNT OR LIFE INCOME FUND  
TO BE UNLOCKED

**WHEN TO USE THIS FORM**

Form 1 is used when the spouse of a member/former member of a pension plan agrees to waive or give up his or her right to receive survivor's benefits to permit the member 1 1 1 !

I confirm the following:

1. I am the spouse of the member/former member. Being the member's/former member's "spouse" means
  - (a) I am married to the member/former member and have not been living separate and apart from that person for a continuous period longer than 2 years immediately preceding the date on which I sign this form, or
  - (b) I have been living with the member/former member in a marriage-like relationship for a period of at least 2 years immediately preceding the date on which I sign this form.
2. I understand that because I am the member's/former member's spouse, the *Pension B*

give up the right, by signing this form, to all survivor's benefits from the amount to be withdrawn,

- (c) the amount that is withdrawn will not be available to me, either indirectly, from pension or annuity payments paid to the member/former member, or directly, from survivor's benefits payable after the member's/former member's death, and
  - (d) if the member/former member withdraws of his or her benefits, I will receive survivor's benefits.
5. I have read this form and understand it.
  6. I have reviewed current statements of the member's/former member's benefit entitlement provided by the plan administrator, locked-in retirement account issuer or life income fund issuer.
  7. Neither the member/former member nor anyone else has put any pressure on me to sign this form.
  8. The member/former member is not present while I am signing this form.
  9. The information I have given in this form is true, to the best of my knowledge, when I sign this form.
  10. I am aware that I am entitled to a copy of this form.
  11. I understand that
    - (a) this form gives only a general description of my legal rights under the *Pension Benefits Standards Act* and the regulations under that Act, and
    - (b) if I wish to understand exactly what my legal rights are, I must read the *Pension Benefits Standards Act* and the regulations under that Act and/or seek legal advice.

**WAIVER**

I am signing this waiver to waive or give up both of the following in relation to the amount that the member/former member withdraws from the plan:

c