

Spouse's Waiver of Beneficiary Right to Benefits in a Pension Plan,
Locked-In Retirement Account, Life Income Fund or Annuity
Before Pension or Annuity Payments Start

WHEN TO USE THIS FORM

Form 4 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/former member to designate a beneficiary other than the spouse for benefits in

- a pension plan, if pension payments have not started,
- a locked-in retirement account or life income fund, or
- an annuity that was purchased using the member's/former member's benefits in a pension plan, locked-in retirement account or life income fund, if annuity payments have not started.

A spouse who signs Form 4 still has the right to receive survivor's benefits from the member's/former member's pension or annuity if the member/former member dies after payments start, unless the spouse waives or gives up those rights by signing Form 2 [*Spouse's Waiver of 60% Lifetime Survivor Benefit and/or Beneficiary Rights From a Pension Plan or Annuity After Payments Start*].

WHEN THIS FORM IS NOT REQUIRED

Form 4 is not required if section 145 of the *Family Law Act* applies to determine the rights of the member/former member and spouse when the relationship ends. Confirmation that section 145 applies must be provided to the pension plan administrator, the locked-in retirement account issuer, the life income fund issuer, or the insurance company holding the annuity.

[Please print]

Spouse of member/former member [*see definition of "spouse" in section 1 of this form*]

Name.....

Address.....

Email address.....

Telephone.....

Name of member/former member.....

Address.....

Email address.....

Telephone.....

Name of pension plan holding funds/
from which funds were transferred.....

Address of plan administrator.....

Plan's provincial registration number.....

[Do not complete the following section if the benefits are still in the pension plan]

Name of locked-in retirement account issuer or life income
fund issuer or insurance company holding annuity.....

Address.....

Account number.....

I confirm the following:

1

