



## Form 3 - Waiver of Joint and Survivor Pension Under section 44 of the Pension Benefits Act

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

Send this form to the plan administrator or the insurer  
Do not send it to the Financial Services Commission of Ontario

Name of member We,  
or former member

(referred to below as the "member or former member")

Name of spouse of and

member or former  
member

(referred to below as the "spouse")

certify that we are spouses within the meaning of the Pension Benefits Act.

We understand that section 44 of the Pension Benefits Act provides that the pension paid to the member or former member from the

Name of  
pension plan

### **Ontario Teamsters Multi Local Pension Trust Fund – Local 847 Division – Registration# 0278408**

must be paid as a joint and survivor pension if we are spouses on the date that the payment of the first instalment of the pension is due and if we are not living separate and apart at that time. We also understand that the amount of pension payable to the surviving spouse must not be less than 60% of the pension paid to the member or former member while we are both alive.

We understand that we may waive our right to the joint and survivor pension provided by section 44 of the Pension Benefits Act by signing this waiver.

**We understand that by signing this waiver, the spouse is giving up the right to a survivor pension on the death of the member or former member, as provided by Section 44 of the Pension Benefits Act.**

We hereby waive our right to a joint and survivor pension provided by section 44 of the Pension Benefits Act by signing this waiver in the presence of a witness.

We understand that we may cancel this waiver at any time before the date of the commencement of payment of the member's or former member's pension.

Day, Month, Year Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of witness

Signature of member or former member

Name and address of witness (printed)

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 **dated, signed and delivered** to the administrator of the pension plan or the insurance company, where appropriate, within the **twelve months preceding the commencement of payment of the pension benefit**, as required by subsection 46(2) of the Pension Benefits Act.