



OPSEU Pension Trust Fiducie du régime de retraite du SEFPO

Mail to: 1 Adelaide Street East, Suite 1200 Toronto Ontario M5C 3A7 Tel: (416) 681-6100 Fax: (416) 681-6175 Toll-Free: 1-800-637-0024 www.optrust.com

Spousal Waiver Pre-Retirement Death Benefit (Pension Benefits Act, R.S.O. 1990 Sect. 48, Form 4)

This form is used to waive spousal benefits accrued after Dec 31, 1986. Benefits accrued before Jan 1, 1987 may not be waived.

BEFORE COMPLETING THIS FORM, YOU SHOULD CONSIDER OBTAINING INDEPENDENT LEGAL ADVICE CONCERNING YOUR INDIVIDUAL RIGHTS AND THE EFFECTS OF THIS WAIVER.

1. Personal Information table with columns: Member's/Former Member's Last Name, First Name, Initials, OPTrust ID Number or SIN

Name of spouse of member or former member I, _____, am the spouse, within the meaning of the Pension Benefits Act, of

Name of member or former member _____ who is entitled to a pension benefit under the

Name of pension plan _____ OPSEU 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.

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)

A witness cannot be related to either party nor can a witness be a beneficiary in the event of the member/former member's death.

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.

A "spouse" is defined as one of two individuals, whether of the same or opposite sex who:

- are married to each other, OR
are living together in a conjugal, common law or same-sex relationship
1. for at least continuously for a period of not less than three years, OR
2. have a relationship of some permanence and are the natural or adoptive parents of a child.