

# Spousal Waiver of Survivor Benefit Entitlement

OPSEU Pension Trust 1 Adelaide Street East, Suite 1200, Toronto, Ontario M5C 3A7  
Telephone: 416-681-6100 Toll-free: 1-800-637-0024 Fax: 416-681-6175

## INSTRUCTIONS

This statement must be completed and delivered to OPTrust pursuant to Article 10.8(5) of the OPSEU Pension Plan. Before completing this form, each party should consider obtaining independent legal advice concerning their individual rights and benefit entitlements.

Former Member's Social Insurance Number

--	--	--	--	--	--	--	--	--	--

I, , the "**former member**" and

I, , the "**spouse**" hereby certify that

we are spouses under the OPSEU Pension Plan. We also certify that we have no eligible children as defined under the Plan.

We understand that, in the absence of this waiver, the **former member** is entitled to a deferred pension. We understand that, in the absence of this waiver, should the **former member** die prior to the deferred pension, the person who is the **spouse of the former member** at the date of his or her death is entitled to receive:

### For service before 1987:

- an immediate pension of 60% of the pension the **former member** would have received had the member reached age 65 at the date of death and/or,

### For service after 1986:

- the commuted value of the **former member's** deferred pension at the time of death payable as:  
an immediate pension, a lump sum cash payment or a deferred pension.

We understand that we may waive the right of the **spouse** to receive any benefit under the Plan with respect to the **former member's** membership in the Plan.

We hereby waive the right of the **former member**, pursuant to Article 10.8(5) of the Plan to receive any payment under the Plan with respect to the **spouse**.

We further agree to indemnify and save harmless the OPSEU Pension Fund and OPTrust from and against all claims, demands, damages, expenses and losses sustained or incurred in respect of benefits payable under the Plan in respect of the **former member**, and do hereby remise, release and forever discharge OPTrust and the OPSEU Pension Fund from all liability of whatsoever kind to us or through us in respect of benefits payable under the Plan on behalf of the **former member**.

Date (DD/MM/YYYY)

D		D		M		M		Y		Y		Y		Y
---	--	---	--	---	--	---	--	---	--	---	--	---	--	---

City/Town

Province

## THIS WAIVER MUST BE WITNESSED BY SOMEONE OTHER THAN A PERSON NAMED ABOVE.

Signature of **spouse**

Signature of **witness**

Name and address of **witness** (printed)

Signature of **former member**

Signature of **witness**

Name and address of **witness** (printed)