



Instructions: This form must be completed and delivered to the OPSEU Pension Trust (the "Trust") pursuant to Article 10.8(5) of the Ontario Public Service Employees' Union 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 within the meaning of the Ontario Public Service Employees' Union Pension Plan (the "Plan"). We also certify that we have no eligible children as defined under the Plan. [See note below for definitions of Spouse and Eligible Children.](#)

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:

With respect to service before 1987:
an immediate pension of sixty percent of the pension the Former Member would have received had the member attained age 65 at the date of death and/or,

With respect to 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 _____'s membership in the Plan.
(Former Member's name)

We hereby waive the right of _____ pursuant to Article 10.8(5) of the Plan to receive any payment under the Plan with respect to _____.
(Former Member's name)

We further agree to indemnify and save harmless the OPSEU Pension Fund and the OPSEU Pension Trust from and against all claims, demands, damages, expenses and losses sustained or incurred in respect of benefits payable under the Plan in respect of _____ and do hereby remise, release and forever discharge the Trust 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 _____.
(Former Member's name)

Dated at the City/Town of _____ in the Province of _____ this _____ day of _____, _____.
(Month) (Year)

THIS WAIVER MUST BE WITNESSED BY SOMEONE OTHER THAN A PERSON NAMED ON THIS FORM.

Signature of Spouse

Witness to Signature of Spouse

Name and Address of Witness (printed)

Signature of Former Member

Witness to Signature of Former Member

Name and Address of Witness (printed)

Note: "Spouse" means either one individual or another, whether of the same or opposite sex who,
(a) are married to each other, or
(b) are not married to each other and are living together in a conjugal relationship,
(i) continuously for a period of not less than three years, or
(ii) in a relationship of some permanence, if they are the natural or adoptive parents of the child, as defined in the *Family Law Act, R.S.O. 1990 Chp. P.3.*

"Eligible Children" means,
Children who are: under the age of 18 years, or if over 18 years, if they are continuously in full time attendance at a secondary school or, immediately following secondary school, for up to five years continuously in full time attendance at a post-secondary educational institution.