110 - 1801 Hamilton Street
REGINA, SK S4P 4W3
Phone: 306-787-5442
Fax: 306-787-0244
Toll free: 1-877-275-7377
Email: pepp@plannera.ca
Website: pepp.plannera.ca

Spouse's Consent and Waiver of Post-Retirement Survivor Benefits

The spouse of a member of the Public Employees Pension Plan is entitled, on the member's death after retirement, to a benefit of at least 60 per cent of the original pension payable to the member. The options named in Section B do not meet that requirement. Under these three options, it is possible that the spouse will receive no pension - zero dollars - after the member's death. The member can transfer money from the PEPP account to a variable benefit account, a prescribed registered retirement income fund contract, or a life annuity with a less than 60 per cent survivor benefit only if the spouse agrees to the transfer and notifies PEPP by completing this form and submitting it to the address listed above. **PLEASE SEND IN ORIGINAL FORM.**

This form **must** be completed and signed by the spouse **outside the immediate presence of the member.**

This form is designed based on Saskatchewan legislation. Please contact PEPP if you are or were working outside Saskatchewan as your pension may be subject to the legislation of another province.

SECTION A: MEMBER AND SPOUSE'S INFORMATION (Please print)

Member Last Name	Member First Name & Initial
Mailing Address / City / Province / Postal Code	
Member's PEPP Account Balance (day/month/year) $_____ as at __ / __ / _____	PEPP Member Number
Spouse's Last Name	Spouse's First Name & Initial **(For definition of spouse, please refer to the PEPP Member Booklet and PEPP Talk on Designating a Beneficiary)**

SECTION B: DETAILS OF THE TRANSFER

I hereby authorize the member to direct the account balance at the date of the transfer as follows:

a.	PEPP Variable Pension Benefit (VPB)	_____ %	____ spouse's initial here
b.	prescribed Registered Retirement Income Fund (pRRIF)	_____ %	____ spouse's initial here
c.	Life Annuity with less than 60% survivor benefit	_____ %	____ spouse's initial here

SECTION C: SPOUSE'S CONSENT TO THE TRANSFER to Variable Pension Benefit or pRRIF

1. I understand that the member wants to transfer money to a variable benefit account (hereinafter called "the account") in accordance with section 29.2 of The Pension Benefits Regulations, 1993, and/or to a prescribed registered retirement income fund (pRRIF) contract (hereinafter called "the contract") in accordance with section 29.1 of The Pension Benefits Regulations, 1993 and that my written consent is required to enable the member to make the transfer.

2. I declare that, by signing this consent and filing it with the administrator of the plan:
   a. I am authorizing the member to manage the money in the account and/or the contract, subject to the minimum annual withdrawal payment required by the Income Tax Act (Canada); and
   b. I understand that:
      i. transferring the pension benefit entitlement to the account or contract will allow the owner to manage the contract, subject to the minimum annual withdrawal payment required by the Income Tax Act (Canada); and
      ii. there is no maximum withdrawal restriction imposed under the account or the contract and I am authorizing the member to withdraw part or all of the balance of the money at any time.

3. I certify that this consent is being signed freely and voluntarily without any compulsion on the part of the member and outside the immediate presence of the member.

(Complies with Form 1 and Form 2.01 PBR)

Turn to reverse for signature box.

SECTION D: SPOUSE'S WAIVER OF 60 PER CENT POST-RETIREMENT SURVIVOR BENEFIT

(Complies with Form 3 PBR)

1. I understand that, in the absence of this waiver, on the death of the member, I am entitled to a pension of at least 60 per cent of the original amount of the pension payable to the member.

2. I also understand and declare that, by signing this waiver:
   a. I am giving up my entitlement, on the death of the member, to a survivor benefit of at least 60 per cent of the original amount of the pension payable to the member;
   b. I am permitting the member to receive a pension that does not comply with section 20(5) of The Public Employees Pension Plan Act or with section 34 of The Pension Benefits Act, 1992; and
   c. On the death of the member, I may receive no pension or may receive a pension of less than 60% of the original amount of the pension payable to the member

3. I certify that this waiver is being signed freely and voluntarily without any compulsion on the part of the member and outside the immediate presence of the member.

4. I understand that this waiver must be completed and signed **no more than 90 days** prior to the application for the VPB.

5. I understand that I may revoke this waiver at any time before pension commencement or transfer of funds by providing written notice to the administrator of the pension plan or issuer of the contract, as the case may be.

SECTION E: CERTIFICATE OF CONSENT AND WAIVER

I certify that I am the spouse of the above named member and that I have read and understand the content of the above sections. By signing this certificate I consent to the transfer of money from the member's account as set out in Section B and waive my entitlement to a survivor benefit of at least 60 per cent.

This form must be completed in its entirety and signed, in the presence of a witness, outside the immediate presence of the member. The form must be filed with the administrators of the Public Employees Pension Plan (see address on front page).

We strongly urge the spouse to seek independent legal advice before signing this waiver.

_____ _____

Signature of Spouse
(electronic signatures accepted via forms submitted through the online member account or email)

Signature of Witness (must be an adult and cannot be the member)

Witnessed by me at the city/town/village of _____ in the province of _____ , country of _____ this_____ day of _____ , 20____ .

_____ _____

Print Name of Witness

Address of Witness

SECTION F: TO BE COMPLETED BY PEPP ADMINISTRATION

_____ _____ _____ _____

Entered by | Date | Confirmed by | Date

For more information, visit our website at **pepp.plannera.ca** or see the contact information on the front of this form.