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REGINA, SK S4P 4W3
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Lifetime Pension Spouse's Consent and Waiver of Post-Retirement Survivor Benefit

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 payable to the member.

The option named in Section 2 does not meet that requirement. Under this option, it is possible that the spouse will receive no pension - zero dollars - after the member's death. The member can transfer money from their PEPP or Variable Pension Benefit account to a PEPP Lifetime Pension - Single Life **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 THE ORIGINAL FORM.**

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

1 Member and Spouse's Information (Please print)

First Name and Initial of Member

Last Name of Member

Mailing Address

City

Province

Postal Code

Member's PEPP Account Balance (day/month/year)

$ _____ as at __ / __ / _____

PEPP Member Number

Spouse's First Name and Initial

Spouse's Last Name (Please see the PEPP website for the definition of spouse)

2 Details of the Transfer

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

PEPP Lifetime Pension - Single Life _____ % ____ spouse's initial here

3 Spouse's Waiver of 60 Per Cent Post-retirement Survivor Benefit to Lifetime Pension

(Complies with Form 3 PBR)

1. I understand that the member wants to transfer money to the PEPP Lifetime Pension (variable payment life annuity) in accordance with section 11.1 of the *PEPP Regulations* and that in the absence of my consent, on the death of the member, I am entitled to a pension of 60% of what would have been paid to the member;
2. I consent to the transfer to the PEPP Lifetime Pension and also understand and declare that, by signing this consent:
   (a) I am giving up my entitlement, on the death of the member, to a pension of at least 60% of the pension that would have been paid to the member;
   (b) I am permitting the member to receive a pension that does not comply 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 pension that would have been paid 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, except in the event that this form is being signed for the purposes of subsection 32(2.1) of *The Pension Benefits Act*, 1992 or clause 29(4)(c.1) of *The Pension Benefits Regulations*, 1993, this waiver is not valid if it is signed more than 90 days before pension commencement.
5. I understand that I may revoke this waiver at any time before pension commencement or transfer by providing written notice to the administrator of the pension plan or issuer of the contract, as the case may be.

Turn to reverse for signature box.

4 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 2 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 signature will not be accepted) 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

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.