

**Waiver of Joint and Survivor Pension
Prince Edward Island**

We, _____ and
Member's Name

Name of Spouse

certify that we are spouses within the meaning of the Federal Government Pension Benefits Act.

We understand that under the Federal Government Pension Benefits Act, that the pension paid to the member from the

Name of Pension Plan

must be paid as a joint and survivor pension if we are spouses on the date the payment of the first installment of the pension is due and we are not living separate at that time. We also understand that the amount of pension payable to the surviving spouse must not be less than 60% of the pension paid to the Member.

We understand that we may waive our right to the joint and survivor pension by signing this waiver.

We hereby waive our right to a joint and survivor pension by signing this waiver in the presence of a witness.

We understand that we may revoke this waiver any time before the date of the commencement of payment of the Member's pension.

Dated this _____ day of _____, _____

Signature of Member

Witness to signature of Member

Name and address of Witness

Signature of Spouse

Witness to signature of Spouse

Name and address of Witness

Prior to completing this form, each party should consider obtaining independent legal advice concerning their individual right and the effect of this waiver.