

**Waiver of Joint and Survivor Pension  
QUEBEC**

We, \_\_\_\_\_ and  
Member's Name

\_\_\_\_\_  
Name of Spouse

certify that we are spouses within the meaning of Section 87 of the Supplemental Pension Benefits Act.

We understand that under the Supplemental 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.**