



**Financial Services  
Commission  
of Ontario**

## Form 4 - Waiver of Pre-retirement Death Benefit

*Approved pursuant to the Ontario Pension Benefits Act  
(R.S.O. 1990, c. P.8, as amended)*

**Send this form to the plan administrator  
Do not send it to the Financial Services Commission of Ontario**

Name of spouse of member or former member I, \_\_\_\_\_  
am or was the spouse, within the meaning of the Pension Benefits Act, of

Name of member or former member \_\_\_\_\_,  
who is or was entitled to a pension benefit under the

Name of pension plan \_\_\_\_\_  
(referred to below as the "pension plan")

I understand that section 48 of the Pension Benefits Act provides that if my spouse dies,

- a) before payment of the first instalment of his or her deferred pension or pension is due; or
- b) where my spouse continues in his or her employment after the normal retirement date, prior to the commencement of payment of pension benefits,

then I am entitled to receive a pre-retirement death benefit of either a lump sum payment or an immediate or deferred pension from the pension plan at the date of my spouse's death if I am not living separate and apart from my spouse at that time.

I understand that I may waive my right to receive any pre-retirement death benefit by signing this waiver.

I understand that if I sign this waiver, I will not be paid any pre-retirement death benefit provided by section 48 of the Pension Benefits Act. Instead, payment of this benefit will be made to either,

- a) a beneficiary designated by my spouse; or
- b) the personal representative of my spouse for distribution as part of his or her estate.

I hereby waive my right to receive any pre-retirement death benefit provided by section 48 of the Pension Benefits Act by signing this waiver in the presence of a witness.

I understand that I may cancel this waiver at any time prior to the date of my spouse's death.

Day, Month, Year Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Signature of spouse of member or former member

\_\_\_\_\_  
Name and address of witness (printed)

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

**NOTE:** This waiver is not effective unless it is **delivered to the administrator of the pension plan** as required by subsection 48(14) of the *Pension Benefits Act*.