MSPP
MULTI-SECTOR PENSION PLAN

Newfoundland Labrador

Form 3

Waiver of Joint and Survivor Pension

Pension Benefits Act, 1997 (the "Act")
Section 45

Statement

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I _____ , am the principal beneficiary, within the meaning of the Act, of

_____ , who is entitled to a pension benefit under
Name of Member / Former Member

the _____ .
Name of Pension Plan

I am aware that in the absence of a waiver, a pension payable to a member/former member who has a principal beneficiary on the date that the payment of the first instalment of the pension is due must be paid as a joint and survivor pension as required by Section 45 of the Act.

I understand that I may waive my right to receive a survivor pension, equal to at least 60% of the member/former member's pension benefit, should the member/former member predecease me. The waiver of my right will enable the member/former member to elect an alternative form of pension which may not provide a survivor pension to me or may provide a survivor pension that is less than 60% of the member/former member's pension, subject to the provisions of the pension plan.

I hereby waive my right to a joint and survivor pension as required by the Superintendent of Pensions under Directive No. 15 issued under the Act. The signature of the member/former member, below, serves as an acknowledgment that he or she agrees to such a waiver.

I understand that this waiver may only be revoked with the consent of the member/former member, at any time prior to the date of the commencement of payment of the pension benefit.

Dated this _____ day of _____, 20_____,

at _____ in the Province of _____.

Signature of Principal Beneficiary	Witness to Signature of Principal Beneficiary

Signature of Member/Former Member	Witness to Signature of Member/Former Member

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Principal beneficiary means the spouse of the member or former member or, where the member or former member has a cohabiting partner, the member or former member's cohabiting partner as defined in the Act.

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

This waiver is not effective unless it is delivered to the administrator, the financial institution, or the insurance company, where appropriate, within the twelve month period immediately preceding the commencement of payment of the pension benefit as required by the Superintendent of Pensions under Directive No. 15 issued under the Act.

PLEASE NOTE
This form is not to be submitted to the Pension Benefit Standards Division, Service NL. If you have questions or comments regarding this form or the associated legislation, please contact the Pension Benefit Standards Division by mail: P.O. Box 8700, St. John's, NL, A1B 4J6, telephone: (709) 729-1039, or facsimile: (709) 729-3205.