

Form 6 Spousal Waiver Joint & Survivor Pension Benefits

▶ **Why complete this form?**

- You are a member or former member of a pension plan entitled to receive payment of a pension or a life annuity from a pension plan.
- You and your spouse both agree that your spouse will waive their right to any joint and survivor pension benefits provided by Section 63 of the Nova Scotia *Pension Benefits Act*.

Before you and your spouse complete this form, you should have private conversations with separate lawyers about how the completion of this form affects your individual rights.

1 ▶ Give information about the pension plan or life annuity

Name of plan: _____

Registration number: _____

Annuity account number: _____

Name of the administrator or financial institution: _____

Mailing Address: _____ Town or City: _____

Postal code: _____ Phone number: _____

2 ▶ Give information about the member or former member

Last name: _____

First name: _____ Middle name: _____

Mailing Address: _____ Town or City: _____

Postal code: _____ Phone number: _____

Date of birth (yyyy/mm/dd): _____

3 ▶ Give information about the spouse

Last name: _____

First name: _____ Middle name: _____

Mailing Address: _____ Town or City: _____

Postal code: _____ Phone number: _____

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4 ▶ Member or former member's certification and acknowledgment

I **certify** that I am a member or former member of the pension plan named in this form.

I **understand** that if I retire and die before my spouse, the Nova Scotia *Pension Benefits Act* gives my spouse the right to receive at least 60 per cent of the periodic pension payments paid to me before my death for the remainder of their life.

I **understand** that completing and signing this form takes away my spouse's right to receive the benefits described above.

I **understand** that my spouse and I may cancel this waiver at any time BEFORE the date the first installment of the pension is due.

Signature of member or former member: _____	Date (yyyy/mm/dd): _____
Signature of witness: _____	Date (yyyy/mm/dd): _____

This consent must be signed before a witness who must be at least 18 years of age. They must see you sign the form above, date, and complete the Witness' Information below immediately after seeing you sign and date this form. **The witness cannot be your spouse.**

5 ▶ Give information about the witness

Last name: _____
First name: _____ Middle name: _____
Mailing Address: _____ Town or City: _____
Postal code: _____ Phone number: _____

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6 ▶ Spouse's certification and waiver

I certify that I am the spouse of the member or former member named in this form.

I understand that if my spouse retires and dies before me, the *Pension Benefits Act* gives me the right to receive at least 60 per cent of the periodic pension payments paid to my spouse for the remainder of my life.

I understand that by completing this form and signing this waiver, I give up the right to receive the benefits described above.

I understand that my spouse and I may cancel this waiver at any time BEFORE the date the first instalment of the pension is due.

Signature of spouse: _____	Date (yyyy/mm/dd): _____
Signature of witness: _____	Date (yyyy/mm/dd): _____

This consent must be signed before a witness who must be at least 18 years of age. They must see you sign the form above, date, and complete the Witness' Information below immediately after seeing you sign and date this form. **The witness cannot be your spouse.**

7 ▶ Give information about the witness

Last name: _____
 First name: _____ Middle name: _____
 Mailing Address: _____ Town or City: _____
 Postal code: _____ Phone number: _____

8 ▶ Give this waiver to the administrator or insurance company that looks after your pension plan or life annuity.

Do not give this waiver to the Department of Finance and Treasury Board, Pension Regulation Division

Note: This waiver comes into effect ONLY AFTER it is delivered to the administrator of the pension plan.

It is an offence under the Criminal Code for anyone to knowingly make or use a false document with the intent that it be acted upon as genuine.

This form is approved by the Superintendent of Pensions under the Pension Benefits Act.

Questions? Email: pensionreg@novascotia.ca

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How we define spouse, domestic contract, member, former member, and waiver

Spouse

- The person you are married to.
- The person you are married to, if the marriage hasn't been legally ended.
- The person you thought you were married to, if you are still living together.
- The person you thought you were married to, if you have lived together within the last 12 months.
- The person you are living with as a registered domestic partner under the Vital Statistics Act.
- The person you have been living with in a conjugal relationship for at least one year, if neither of you are married to someone else.
- The person you have been living with in a conjugal relationship for at least three years, even if one or both of you are married to someone else.

Domestic contract

A domestic contract means

- a written agreement that provides for a division between spouses of a pension benefit, deferred pension, or pension.
- a marriage contract as defined in the Matrimonial Property Act

Member – member of a pension plan

Former member – a person who is entitled to pension benefits and

- is no longer employed by the organization that provides the pension
- is no longer a member of the pension plan

Note: A person who had the right to some pension benefits earned by a spouse and is no longer in a relationship with that spouse is NOT considered a former member.

Waiver – a written agreement in which a person gives up a right to something to which they would ordinarily be entitled. For example, a written agreement in which a spouse gives up the right to receive pension benefits to which they would ordinarily be entitled.