

SPOUSE'S/Common-LAW PARTNER'S DECLARATION TO PERMIT COMMUTATION DUE TO SHORTENED LIFE EXPECTANCY OR COMMUTATION OF SMALL AMOUNTS IN A LIRA, LIF AND LRIF

I, _____, am the "spouse"/"common-law partner" (as described below) of _____.
(name of member/owner)

The member/owner earned benefits under a pension plan regulated by the *Pension Benefits Act of Manitoba* ("the Act").

The Act defines "spouse" and "common-law partner" as:

"spouse" where used in relation to another spouse means the person who is married to that other spouse, and "spouses" mean two persons who are married to each other;

"common-law partner" of a member or former member means

(a) a person who, with the member or former member, registered a common-law relationship under section 13.1 of *The Vital Statistics Act*, or

(b) a person who, not being married to the member or former member, cohabited with him or her in a conjugal relationship

(i) for a period of at least three years, if either of them is married, or

(ii) for a period of at least one year, if neither of them is married;

"common-law relationship" means the relationship between two persons who are common-law partners of each other.

I understand that the Act requires that every pension plan shall provide that the pension payable to a member who is married or in a common-law relationship at the time the pension payments begin shall be a joint pension payable during the lives of the member and the spouse or partner of the member which joint pension may decrease by not more than 1/3 on the death of either the member or the spouse or partner.

However, I understand that if I choose to sign this waiver form and it is filed with the plan administrator/financial institution, I give up my rights to the minimum 66²/₃% joint and survivor pension. I further understand that signing this waiver means that the member/owner may choose to take the earned benefits as

- a) a lump sum cash payment, or
- b) a series of payments for a fixed period

I certify that:

- (c) I have read this form and understand it,
- (d) I am signing this form of my own free will,

(e) The member/owner is not present while I am signing this form, and

(f) I realize that

- (i) this form only gives a general description of the legal rights I have under the Act and the regulations under the Act, and
- (ii) if I wish to understand exactly what my legal rights are, I must read the Act and the regulations under the Act and seek legal advice.

To give up my rights mentioned above, I sign this waiver form at _____
(city/town) (province)

this _____ day of _____,

(signature of member/owner)

(signature of spouse/common-law partner)

I, _____, of _____
(print name of witness)

(print address of witness)

do witness the signature of the spouse/common-law partner who signed this form before me outside of the presence of the member/owner.

(signature of witness)

COMMENTS AND INSTRUCTIONS

This form must be completed where the member of a pension plan or the owner of a LIRA (Locked-In Retirement Account), LIF (Life Income Fund) or LRIF (Locked-In Retirement Income Fund) wishes to,

- commute his or her benefit due to his or her considerably shortened life expectancy, or
- commute his or her small amounts as determined by legislation (LIRA, LIF and LRIF only).

This form must be,

- completed in its entirety,
- signed by the spouse/common-law partner, member and witnessed,
- signed outside of the immediate presence of the member/owner, and
- filed with the plan administrator or financial institution.

For further information please contact the plan administrator or financial institution.

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