



Pension Partner Waiver to Permit Up to 50% Unlocking from a Locked-In Retirement Account on Establishment of a Life Income Fund or Transfer to a Life Income Type Benefit Fund

- I This waiver form must be signed by a pension partner in order to permit a member owner of a Locked-In Retirement Account (LIRA) to unlock up to 50% of the value of the LIRA on the establishment date of Life Income Type Benefit (LITB) account or a Life Income Fund (LIF) if that member owner has a pension partner on that establishment date.
 - I This waiver form is not valid unless it is signed and filed with the LIRA issuer not more than 90 days prior to the establishment date of the LITB account or the LIF and before the funds are unlocked and paid to the member owner.
 - I This waiver form may not be used to unlock funds that are already in an LITB account or a LIF.
- 1 Section 71(5) of the *Employment Pension Plans Act* (SA 2012 cE-8.1) permits a member owner to unlock up to 50% of the value of a member owner's LIRA, if that person elects to establish an LITB account or a LIF.
 - 2 If the member owner has a pension partner and the pension partner has signed the applicable waiver form to permit the establishment of the LITB account or the LIF, that pension partner must sign this waiver form to permit the member owner to unlock up to 50% of the value of the member owner's LIRA. The LIRA issuer must ensure the pension partner has signed this waiver form not more than 90 days prior to the establishment date of the LITB account or the LIF.
 - 3 A "member owner" is a former pension plan member who has transferred his or her entitlement to a benefit from a pension plan to a LIRA.
 - 4 Being the "pension partner" means that
 - (a) I am married to the member owner and have not been living separate and apart from that person for a continuous period longer than 3 years, or
 - (b) if paragraph (a) above does not apply to me and there is no other person to whom paragraph (a) does apply, I have been living with the member owner in a marriage-like relationship, for a continuous period of at least 3 years or in a relationship of some permanence, if there is a child of our relationship by birth or adoption immediately preceding the date on which I have signed this waiver form.

I, _____, am the pension partner of
Name of Pension Partner

Name of Member Owner

- 5 Pension funds for the member owner are currently held in a LIRA with _____, a product regulated in accordance with the *Employment Pension Plans Act* and the *Employment Pension Plans Regulation* (in this waiver form referred to as "the legislation").
Name of LIRA Issuer
- 6 I am signing this waiver form to permit the unlocking of _____ of the pension funds held in the LIRA before the establishment date of the LITB account or a LIF.
Percent to be Unlocked
- 7 I understand that I do not have to sign this waiver form unless I agree to the unlocking of the percent specified above. I understand that the unlocking will reduce the benefit that I may be entitled to on the death of the member owner.
- 8 I understand that this waiver form has no effect unless it is signed and filed with the LIRA issuer not more than 90 days prior to the establishment date of an LITB account or the LIF.
- 9 I have chosen to sign this waiver form and, in so doing, agree to the unlocking of pension funds as described above.

CERTIFICATION OF PENSION PARTNER

I certify that

- (a) I have read this waiver form and understand it and the potential results of my signing it,
- (b) I have seen a current statement of the member owner's account balance and know the potential impact this decision could have on any benefit that I am entitled to,
- (c) I am signing this waiver form of my own free will,
- (d) the member owner is not present while I am signing this waiver form,
- (e) I realize that
 - (i) this waiver form only gives a general description of the legal rights I have under the legislation, and
 - (ii) if I wish to understand exactly what my legal rights are, I must read the legislation and, if necessary, consult a professional with pension expertise,
- (f) the information that I have given in this waiver form is true, to the best of my knowledge, at the time when I sign this waiver form. If any of that information changes, I will notify the LIRA issuer of that change, and
- (g) I am aware that I am entitled to a copy of this waiver form.

I sign this waiver form on _____ .
Dated (mmm dd, yyyy)

Address of Pension Partner

Telephone Number of Pension Partner

Signature of Pension Partner

STATEMENT OF WITNESS

I certify that I am not related to this pension partner and that I witnessed this pension partner sign this waiver form in the absence of the plan member on _____ .
Dated (mmm dd, yyyy)

Name of Witness (PRINT)

Address of Witness

Telephone Number of Witness

Signature of Witness

For further information, please contact _____
Name of LIRA Issuer

at _____ .
Contact Information