OMERS

# Waiver of spousal pension for a post-retirement-date spouse

**Use this form to waive the right of your post-retirement-date spouse to receive a spousal pension that may be payable if you die after your pension start date.**

Please use your full legal name when completing this form. Alternatively, if you have a preferred name on file with OMERS, you may use that preferred name.

The OMERS Primary Pension Plan provides this benefit, which differs from the legal right of a retirement-date spouse to a joint and survivor pension as provided under the Ontario *Pension Benefits Act* (see FSRA *Form 3 Waiver of Joint and Survivor Pension*). Both you and your spouse (legal spouse or common-law spouse) must sign this form if your spouse wishes to waive the spousal pension payable to a post-retirement-date spouse. You and your spouse should read this form carefully before signing it. If you have any questions, please contact OMERS.

This form is not effective if it is signed after your death. If you submit a waiver, please keep a copy for your records and provide the original to OMERS.

This form does not apply to the Additional Voluntary Contribution (AVC) provision of the OMERS Primary Pension Plan. Instead, your spouse can use OMERS Form 405 - *Waiver of AVC spousal survivor benefits*.

To help us serve you better, submit your documents quickly and securely using your myOMERS account. Go to secure communications, start a new conversation, attach your files, and submit.

Any personal information provided on this form may be used to update your membership profile.

Providing OMERS with your personal information is considered consent for its use and disclosure for the purposes set out in our Privacy Statement, as amended from time to time. You can find out more about our collection, use, disclosure and retention of personal information by reviewing our Privacy Statement at www.omers.com.

**SECTION 1 - MEMBER INFORMATION - to be completed by the member or the spouse of the member**

| OMERS Membership Number* | | | | Date of Birth (m/d/y) |
|---|---|---|---|---|
| First Name | Middle Name | Last Name | | |
| Apt/Unit | Address | City | Province | Postal Code |
| Home Number | Mobile Number | Email | | |

**Your membership number appears on your Pension Report or any personalized statement from OMERS.*

**SECTION 2 - SPOUSE INFORMATION - to be completed by the member or the spouse of the member**

| First Name | Middle Name | Last Name | | |
|---|---|---|---|---|
| Apt/Unit | Address | City | Province | Postal Code |
| Home Number | Mobile Number | Email | | |
| Date of Birth (m/d/y) | | | | |

**SECTION 3 - WAIVER - to be completed by the member, the spouse of the member and a witness**

Name of member

I, _____ (referred to below as the "member"),

Name of spouse of member

and, (referred to below as the "spouse")

_____

certify that we are spouses within the meaning of the **OMERS Primary Pension Plan** (referred to below as the "pension plan").
We understand that the pension plan provides that 66 2/3% of the member's lifetime pension (excluding bridge benefit) must continue to be paid upon the member's death as a survivor pension to the member's *eligible spouse at the date of the member's death* (i.e., the "post-retirement-date spouse"), if the member dies after the pension has started, and provided that there is no other person (other than the spouse named on this form) who was the member's *eligible spouse on the date the pension started* (i.e., the "retirement-date spouse").

We understand that we may waive our right to spousal survivor benefits payable to the post-retirement-date spouse that are provided for under the terms of the pension plan by signing this waiver.

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| OMERS Membership Number |
|---|
| |

## SECTION 3 - WAIVER - cont'd

**We understand that by signing this waiver, the surviving spouse will not be entitled to spousal survivor benefits provided for under the terms of the pension plan.**

We hereby waive our right to spousal survivor benefits by signing this waiver in the presence of a witness.

We understand that we may cancel this waiver at any time before the death of the member.

Dated this | Day | day of | Month | , | Year |

| Signature of Member | Name of Member (printed) |
|---|---|
| | |

| Signature of Witness | Name of Witness (printed) | | |
|---|---|---|---|
| | | | |
| **Address of Witness** | **City** | **Province** | **Postal Code** |
| | | | |

| Signature of Spouse | Name of Spouse (printed) |
|---|---|
| | |

| Signature of Witness | Name of Witness (printed) | | |
|---|---|---|---|
| | | | |
| **Address of Witness** | **City** | **Province** | **Postal Code** |
| | | | |

**Prior to completing this form, you should consider obtaining independent legal advice concerning your individual rights and the effect of this waiver.**