*Private & Confidential*


**ALBERTA REFRIGERATION INDUSTRY**

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**Alberta Registration Number 42899**
**CRA Registration Number 042889**


# PENSION PARTNER WAIVER FORM

I, _____, am a "pension partner" (as described
(name)

below) of _____, (in this waiver referred to as "the original
(name of member/former member/original owner)

plan member") who, at the time of my signing this waiver, is alive.

The original plan member earned benefits under The Alberta Refrigeration Industry Pension Plan, a pension plan regulated in accordance with the *Employment Pension Plans Act and Regulation* (in this waiver referred to as "the legislation").

The money representing those benefits will be paid from that plan to the plan member in either a lump sum or directed to an RRSP.

Being the original plan member's "pension partner" means that

a. I am married to the original plan member and have not been living separate and apart from him or her for 3 or more consecutive years, or

b. If paragraph (a) above does not apply to me and there is no other person to whom paragraph (a) applies, I have been living with the original plan member in a conjugal relationship for a continuous period of at least 3 years or, if there is a child of our relationship by birth or adoption, of some permanence.

I understand that, as a pension partner of the original plan member, I am, if the original plan member dies before pension commencement, entitled to receive an amount in accordance with The Alberta Refrigeration Industry Pension Plan Text.

I further understand that if I choose to sign this waiver and it is filed with the administrator, I give up all entitlement to any benefit, as described in the preceding paragraph, from The Alberta Refrigeration Industry Pension Plan.

Nevertheless, I give up my right to receive the benefit otherwise required by the legislation.

This waiver does not affect any rights that I could have arising as a result of any breakdown or potential breakdown in the relationship between the original plan member and myself.

**I have chosen to sign this waiver and in so doing I give up any and all of my entitlement to any death benefit payment.**

See Over…

## Certification

I certify that

a. I have read this waiver and understand it or the potential results of my signing it,

b. have read the original plan member's most recent annual statement or a statement from the administrator showing the balance in his or her account and know the approximate current value of the benefit I am giving up as a result of completing this waiver,

c. I am signing this waiver of my own free will,

d. The original plan member is not present while I am signing this waiver,

e. I have obtained independent advice about the implications of signing this waiver,

f. I realize that
   i. this waiver 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 applicable and, if necessary, consult a professional with pension expertise and

g. the information that I have given in this waiver is true, to the best of my knowledge, at the time when I sign this waiver but, if any of that information changes before the original plan member makes the election to commute his or her pension or part of it or dies, whichever happens first, I undertake that I will immediately notify the administrator of that change.

Dated at _____ in the Province/Territory of _____ this _____ day of _____, 20 ___.

_____
(Signature of Pension Partner)

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

do witness the signature of the pension partner who signed this waiver before me outside of the presence of the original plan member.

_____ _____
(Signature of Witness to Signature of Waiving Pension Partner) (Print Full Name of Witness)

Privacy Statement: The Plan will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plan. Personal Information will be protected pursuant to the relevant privacy legislation. The Plan may use and exchange information with third parties or organizations (institutions, investigative agencies, regulators) in order to manage the Plan and your entitlement to the Benefits of the Plan.