



FINANCIAL SERVICES
COMMISSION

*Occupational Pension Benefits Act
Cap. 350B*

FORM 9

(Regulation 20(4))

PART A

**ELECTION BY SURVIVOR OF MEMBER
FOR IMMEDIATE OR DEFERRED PENSION**

1. I, _____, was the spouse of
Name of spouse of member or former member

the late _____, a former member of
_____ pension plan

who in accordance with Section 39 of the *Occupational Pension Benefits Act, 2003* was entitled to a pension benefit.

2. I understand that Section 39 of the *Occupational Pension Benefits Act, 2003* provides that where my spouse,

(a) dies prior to the payment of a deferred pension; or

(b) continues in his or her employment after the normal retirement date, prior to the commencement of payment of pension benefits,

then I am entitled to receive a benefit of either a lump sum payment or an immediate or deferred pension from the pension plan at the date of my spouse's death.

3. I hereby elect to receive

- (a) lump sum payment
- (b) immediate pension
- (c) deferred pension

DATED this _____ day of _____, 20_____

Signature of spouse of member or former member

Signature of Witness

Name of Witness (in capital letters)

Address of Witness (in capital letters)

PART B

1. I, _____, was the spouse of
Name of spouse of member or former member
the late _____, a former member of
_____ pension plan
who in accordance with Section 39 of the *Occupational Pension Benefits Act, 2003* was entitled to a pension benefit.

2. I understand that Section 39 of the *Occupational Pension Benefits Act, 2003* provides that where my spouse,

(c) dies prior to the payment of a deferred pension; or

(d) continues in his or her employment after the retirement date, prior to the commencement of payment of pension benefits,

then I am entitled to receive a benefit of either a lump sum payment or an immediate or deferred pension from the pension plan at the date of my spouse's death.

3. I understand that if I sign this waiver, I will not be paid any benefit provided by Section 39 of the *Occupational Pension Benefits Act, 2003*. Instead, payment of this benefit will be made to either,

(a) a beneficiary designated by my spouse; or

(b) the personal representative of my spouse for distribution as part of his or her estate.

4. I hereby waive my right to receive any benefit provided by Section 39 of the *Occupational Pension Benefits Act, 2003* by signing this waiver in the presence of a witness.

5. I understand also that I may cancel this waiver at any time prior to the of my spouse's death.

DATED this _____ day of _____, 20_____.

Signature of spouse of member or former member

Signature of Witness

Name of Witness (in capital letters)

Address of Witness (in capital letters)

A. General Instructions:

Complete Part A or Part B as appropriate and affix signature.

B. Note respecting Part B

- (i) Prior to completing this form, you should consider obtaining independent legal advice concerning your individual rights and the effect of this waiver.
- (ii) *This waiver is not effective unless it is delivered to the administrator of the pension plan as required by Section 39(2) of the Occupational Pension Benefits Act, 2003.*