



FINANCIAL SERVICES  
COMMISSION

*Occupational Pension Benefits Act  
Cap. 350B*

**FORM 8**

*(Regulation 20(2))*

**WAIVER OF JOINT AND SURVIVOR PENSION**

I, \_\_\_\_\_ being the spouse  
of \_\_\_\_\_ a member (or  
deferred member of the \_\_\_\_\_

pension plan, who in accordance with section 36 or the *Occupation Pension Benefits Act, 2003* would be paid a joint and survivor pension if we are spouses on the date that the payment of the first instalment of the pension is due unless a waiver is given by me pursuant to subsection 7 of section 36 of the Act.

I understand that by signing this waiver, on the death of my spouse, I will not be entitled to any joint and survivor pension provided by section 36 of the Act.

In accordance with section 36(7) of the Act I hereby waive my right as the spouse of

\_\_\_\_\_ to receive a pension benefit by virtue of the  
entitlement of the said \_\_\_\_\_ upon his/her death.

I understand also that I may cancel this waiver at any time before the date of the commencement of the payment of my spouse's pension.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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*Spouse*

In the presence of \_\_\_\_\_

*Signature of Witness*

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*Signature of member or former member*

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*Name and Address of Witness (Printed)*

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*Signature of spouse of member or former member*

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*Name and Address of Witness (Printed)*

**IMPORTANT NOTE**

- (1) *This waiver is not effective unless it is delivered to the administrator of the pension plan or the insurance company, where appropriate, within the 12 months preceding the commencement of payment of the pension benefit as required by section 36(8) of the Occupational Pension Benefits Act, 2003.*
- (2) Prior to completing this form, each party should consider obtaining independent legal advice concerning his individual rights and the effect of this waiver.