



FORM 4 (Pension Benefits Standards Act of British Columbia)  
IWA-Forest Industry Pension Plan

SPOUSE'S WAIVER OF BENEFICIARY RIGHT TO BENEFITS  
IN A PENSION PLAN BEFORE PAYMENTS START

[Please print]

Spouse of member/former member [see definition of "spouse" in section 1 of this form]	
Name	_____
Address	_____
Email address	_____
Telephone	_____
Name of member/former member _____	
Address _____	
Email address _____	
Telephone _____	
Name of pension plan holding funds:	IWA-Forest Industry Pension Plan
Address of plan administrator:	Suite 2100, 3777 Kingsway, Burnaby, BC, V5H 3Z7
Plan's provincial registration number:	P085995

**I confirm the following:**

1. I am the spouse of the member/former member. Being the member's/former member's "spouse" means:
  - a) I am married to the member/former member and have not been living separate and apart from that person for a continuous period longer than 2 years immediately preceding the date on which I sign this form; or
  - b) I have been living with the member/former member in a marriage-like relationship for a period of at least 2 years immediately preceding the date on which I sign this form.
2. I understand that because I am the member's/former member's spouse, the *Pension Benefits Standards Act* and the regulations under that Act give me the right to receive the following survivor's benefits:
  - a) ***before pension or annuity payments start*** - I have the right as beneficiary, after the member's/former member's death, to receive the member's/former member's benefits in the pension plan and any locked-in retirement account, life income fund or annuity purchased using those benefits, unless I waive or give up that right by signing this form;
  - b) ***after pension or annuity payments start*** - If the member/former member starts receiving a pension or payments from an annuity purchased using his or her benefits in a pension plan, locked-in retirement account or life income fund,
    - i) I have the right after the member's/former member's death to receive lifetime payments, that are at least 60% of the payments that were paid to the member/former member, unless I waive or give up that right by signing Form 2 [*Spouse's Waiver of 60% Lifetime Survivor Benefit and/or Beneficiary Rights From a Pension Plan or Annuity After Payments Start*], and
    - ii) even if I waive or give up the right to receive those lifetime payments, I still have the right as beneficiary, after the member's/former member's death, to receive any remaining benefits in the pension or annuity unless I waive or give up that right by signing Form 2 [*Spouse's Waiver of 60% Lifetime Survivor Benefit and/or Beneficiary Rights From a Pension Plan or Annuity After Payments Start*].
3. I understand that signing this form does not affect
  - a) the rights I have under the *Pension Benefits Standards Act* set out in section 2 (b) of this form unless I waive or give up those rights, or
  - b) any rights I may have as a result of a breakdown of the relationship between me and the member/former member.

4. I understand that
  - a) my survivor's benefits may have substantial value and may be important to provide me with income in my old age, and
  - b) if sign this form,
    - i) I will receive no benefits from the pension Plan if the member/former member dies before starting to receive pension, and
    - ii) any benefits payable on the member's/former member's death will be paid to the beneficiary that the member/former member designates or, if no beneficiary is designated, to the personal representative of the member's/former member's estate,
5. I have read this form and understand it
6. I have reviewed current statements of the member's/former member's benefit entitlement provided by the Plan administrator.
7. Neither the member/former member nor anyone else has put any pressure on me to sign this form.
8. The member/former member is not present while I am signing this form.
9. The information I have given in this form is true, to the best of my knowledge, when I sign this form.
10. I am aware that I am entitled to a copy of this form.
11. I understand that
  - a) this form gives only a general description of my legal rights under the *Pension Benefits Standards Act* and the regulations under that Act, and
  - b) if I wish to understand exactly what my legal rights are, I must read the *Pension Benefits Standards Act* and the regulations under that Act and/or seek legal advice.

## WAIVER

I am signing this waiver to waive or give up my right as beneficiary to receive the member's benefits in the pension Plan identified on this form if the member dies before starting a pension.

_____ Date [mm/dd/yyyy]	_____ Signed [spouse]
I witnessed this spouse sign this form in the absence of his or her spouse.	
_____ Signed [witness]	
Name of witness:	
Address of witness:	

## COMMENTS AND INSTRUCTIONS

- Survivor's benefits are important and can be valuable. The *Pension Benefits Standards Act* requires a specific form for waiving survivor's benefits to ensure that serious consideration is given to this decision;
- When dealing with valuable assets, obtaining legal advice is usually considered prudent. This form is not a substitute for legal advice;
- This form must be signed and witnessed before the member's/former member's death in the absence of the member/former member, and provided to the Plan administrator;
- For further information, please contact:
 

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**Burnaby, BC V5H 3Z7**  
**Telephone: 604-433-5862**  
**Toll-Free: 1-800-913-0022**  
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