

Alberta Sheet Metal Workers' Retirement Trust Fund

SPOUSAL WAIVER OF PRE RETIREMENT DEATH BENEFIT

This form is required for the Spouse to waive his or her rights to pre-retirement death benefits. This Declaration must be completed before a witness outside the presence of the Plan Member.

_____, hereinafter the "spouse" (as defined below), hereby certify that I am the
Print Full Name of Spouse
spouse of _____, as defined by the applicable provincial legislation.
Print Full Name of Plan Member

Definition of a Spouse

Spouse is a person who has rights to your pension in accordance with pension legislation and who, at the relevant time, is;

- a) someone that you are married to and to whom you have not been living separate and apart for 3 or more consecutive years, or
- b) if there is no person to whom subsection (a) applies, someone you have been living with in a conjugal (common-law) relationship;
 - i. for a continuous period of at least 3 years, or
 - ii. of some permanence, if there is a child of the relationship by birth or adoption.

I understand that my Spouse who is a member of the Alberta Sheet Metal Workers' Retirement Plan has earned benefits under the Alberta Sheet Metal Workers' Retirement Trust Fund regulated by the *Employment Pension Plans Act* ("the Act"). The Act provides that as a spouse I am automatically the sole beneficiary under the Plan. However, if I choose to sign this waiver form and it is filed with the Plan Administrator, **I give up my rights to receive any pre-retirement death benefit**, in which case any pre-retirement death benefit will be made to either:

1. beneficiary(s) designated by the Plan Member, or
2. the Plan Member's Estate.

I certify that;

- I have read this form and understand it,
- I am signing this form of my own free will,
- The member is not present while I am signing this form, and
- I realize that;
 - this form only gives a general description of the legal rights I have under the applicable legislation, and
 - if I wish to understand exactly what my legal rights are, I must read applicable legislation and if necessary, seek legal advice.
- I understand that I have the right to cancel this waiver at any time before the Plan Member's death.

I understand by signing this form I give up my rights to receive any pre-pension death benefit from the Alberta Sheet Metal Workers' Retirement Trust Fund.

Dated at: _____, this ____ day of _____, _____.
city/town province day month year

(Signature of Spouse)

I, _____, of _____ do witness the signature
Print Name of Witness Print Address of Witness
of the spouse who signed this waiver before me outside of the presence of the Plan Member.

(Signature of Witness)

This form must be:

- completed in its entirety,
- signed by the spouse and witnessed by someone other than the Plan Member,
- signed outside of the immediate presence of the Plan Member, and
- filed with the Plan Administrator.

For further information please contact the Plan Administrator.

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