

**Form 2**

[Clause 29.1(4)(h)]

**SPOUSE'S WAIVER OF DESIGNATED BENEFICIARY STATUS**

I, \_\_\_\_\_, certify that I am the spouse  
*(print or type full name of spouse)*

(within the meaning of clause 2(1)(ff) of *The Pension Benefits Act, 1992*) of \_\_\_\_\_

\_\_\_\_\_  
*(print or type full name of owner of registered income fund contract)*

(hereinafter called "the owner"), who is the owner of a registered retirement income fund contract (hereinafter called "the contract") that is subject to the provisions of *The Pension Benefits Act, 1992*.

1. I understand that, in the absence of this waiver, on the death of the owner, I am entitled to the balance of the money in the contract, to the extent permitted by the *Income Tax Act (Canada)*.
2. I understand and declare that, by signing this waiver and filing it with the issuer of the contract:
  - (a) I am giving up my status and rights as designated beneficiary; and
  - (b) on the death of the owner, the balance of the money in the contract will be paid, to the extent permitted by the *Income Tax Act (Canada)*:
    - (i) to the beneficiary designated by the owner if the designated beneficiary is a person other than myself; or
    - (ii) to the personal representative of the owner's estate in his or her representative capacity if there is no valid designation of a beneficiary.
3. I certify that this waiver is being signed freely and voluntarily without any compulsion on the part of the owner and outside the immediate presence of the owner.
4. I understand that I may revoke this waiver at any time by providing written notice to the issuer of the contract.

In witness whereof, I sign this waiver at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

in the presence of \_\_\_\_\_  
*(print or type name of witness)*

of \_\_\_\_\_  
*(address of witness)*

\_\_\_\_\_  
*(Signature of witness)*

\_\_\_\_\_  
*(Spouse's signature)*