

SCHEDULE E
(Section 24)

WAIVER OF SURVIVOR ENTITLEMENT
UNDER THE POOLED REGISTERED PENSION PLANS (MANITOBA) ACT

I, _____, am the survivor
(as described below) of _____
(name of member)

The member is subject to *The Pooled Registered Pension Plans (Manitoba) Act* ("the Act") and the *Pooled Registered Pension Plans (Manitoba) Regulation* ("the Regulation").

I understand that under the Act:

- I am entitled to a death benefit on the death of the member if I am considered a survivor of the member.
- I have a legal right to waive my entitlement.
- If I sign this waiver,
 - I will not receive a death benefit on the death of the member; and
 - the death benefit will instead be paid to the member's designated beneficiary or, if there is no designated beneficiary, to the member's estate.

I certify that:

- I have read this waiver and understand it.
- I have read the statement provided under section 24 of the Regulation.
- I am aware of the consequences of waiving my entitlement to a death benefit and waive my entitlement despite the consequences.
- I am signing this waiver of my own free will without duress, coercion or compulsion of any kind.
- I realize that this form only gives a general description of the legal rights I have under the Act and the Regulation, and if I want to understand exactly what my legal rights are, I must read the Act and the Regulation and seek legal advice.

I hereby waive my entitlement to a death benefit from the member's pooled registered pension plan account during the marriage or common-law relationship by signing this form in the presence of a witness.

I sign this form at _____
(city/town) (province/territory/state) (country)

this _____ day of _____, 20____. _____
(signature of survivor)

I witness the signature of the survivor who signed this form before me without the member being present.

(print name of witness)

(print address of witness)

(signature of witness)

COMMENTS AND INSTRUCTIONS

This form must be completed by the survivor of a member who wants to waive the entitlement to a death benefit from the member's pooled registered pension plan (PRPP) on the death of the member.

Before completing this form, you should consider obtaining independent legal advice and speak to a financial advisor who can explain the implications of this waiver.

This form must be

- completed in its entirety;
- signed by the survivor while the member is not present;
- witnessed;
- filed with the administrator; and
- used for funds in a PRPP subject to *The Pooled Registered Pension Plan (Manitoba) Act*.

For further information please contact the PRPP administrator.

Definitions for the Purpose of this Waiver

Administrator means the administrator of the applicable pooled registered pension plan.

Cohabiting common-law partner means a common-law partner from whom the member is not living separate and apart by reason of a breakdown of the relationship.

Member means a person with a PRPP account subject to *The Pooled Registered Pension Plans (Manitoba) Act*.

Survivor in relation to a deceased member, means

(a) if there is no person described in clause (b), the member's spouse at the time of the member's death;
or

(b) the person who, immediately before the member's death, was a cohabiting common-law partner of the member.

References

The Pooled Registered Pension Plan (Manitoba) Act, subsection 16(2)

Pooled Registered Pension Plan Regulation, section 24